

STATE OF HAWAII

ANALYSIS OF IMPEDIMENTS TO FAIR HOUSING CHOICE WITH A FOCUS ON PEOPLE WITH DISABILITIES

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Prepared by the Center on Disability Studies at the University of Hawaii at Manoa for:

Hawaii Housing Finance and Development Authority

State of Hawaii Department of Hawaiian Home Lands

State of Hawaii Department of Human Services (BESSD)

Hawaii Public Housing Authority

City and County of Honolulu Department of Community Services

Hawaii County Office of Housing and Community Development

Kauai County Housing Agency

Maui County Department of Housing and Human Concerns



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ACRONYMS

The following common acronyms have been used:

ADA – Americans with Disabilities Act
ADAD – Alcohol and Drug Abuse Division (Hawaii Department of Health)
ADU – Accessory Dwelling Unit
ADRC – Aging and Disability Resource Center
ADRD – Alzheimer’s Disease and Related Dementias
AMHD - Adult Mental Health Division (Hawaii Department of Health)
AMI – Area Median Income
ANSI – American National Standards Institute
CAMHD – Child and Adolescent Mental Health Division (Hawaii Department of Health)
CAPS – Certified Aging-in-Place Specialist
DCAB – Disability Access and Communication Board
CDBG – Community Development Block Grant
DD Division – Developmental Disabilities Division (Hawaii Department of Health)
ESG – Emergency Solutions Grants
FHAP – Fair Housing Assistance Program
FMR – Fair Market Rent
HCBS – Home and Community Based Services
HCDA – Hawaii Community Development Authority
HHFDC – Hawaii Housing and Finance Development Corporation
HOPE – Housing Opportunities for People Everywhere
HOPWA – Housing Opportunities for Persons with AIDS
HPHA – Hawaii Public Housing Authority
HUD – US Department of Housing and Urban Development
ICC – International Code Council
ID/DD – Intellectual and Developmental Disabilities
LASH – Legal Aid Society of Hawaii
LEED – Leadership in Energy and Environmental Design
LGBT – Lesbian, Gay, Bisexual, and Transgender
LIHTC – Low-Income Housing Tax Credit
LTSS – Long Term Supports and Services
NFHA – National Fair Housing Alliance
PATH – Projects for Assistance in Transition from Homelessness
PHA – Public Housing Authority
PSHP – Permanent Supportive Housing Programs
SSDI – Social Security Disability Insurance
SSI – Supplemental Security Income
TOD – Transit Oriented Development
US – United States

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I. INTRODUCTION AND EXECUTIVE SUMMARY

I.A. Purpose of the Analysis of Impediments

To satisfy requirements of the Housing and Community Development Act of 1974, as amended in 1992 (Public Law 102-550), the US Department of Housing and Urban Development (HUD) requires that jurisdictions receiving Federal funding for various housing programs submit certification of affirmatively furthering fair housing. The certification consists of the following three elements:

- ❖ Complete an Analysis of Impediments to Fair Housing Choice;
- ❖ Take actions to overcome the effects of any impediments identified through the analysis; and
- ❖ Maintain records to monitor and document the actions taken in response to the Analysis of Impediments.

The Analysis of Impediments is a review of a jurisdiction's laws, regulations, and administrative policies, procedures, and practices affecting the location, availability, and accessibility of housing, as well as an assessment of conditions, both public and private, affecting fair housing choice. HUD defines impediments to fair housing choice as:

- ❖ Any actions, omissions, or decisions taken because of race, color, religion, sex, disability, familial status, HIV infection, age, national origin/ancestry or marital status which restrict housing choices or the availability of housing choices;
- ❖ Any actions, omissions, or decisions which have the effect of restricting housing choices or the availability of housing choices on the basis of race, color, religion, sex, disability, familial status, HIV infection, age, or national origin/ancestry or marital status;
- ❖ Non-compliant design in any housing; and
- ❖ The inequitable distribution or lack of resources by government, private or non-profit agencies that results in people with disabilities encountering fewer housing choices, such as the lack of public transportation or transportation corridors serving particular geographic locations within the state and/or counties.

This report summarizes Analysis of Impediments results for the State of Hawaii and its four counties with a focus on the protected class of people with disabilities. "Disability" is defined in the Americans with Disabilities Act (ADA) of 1990 as:

- ❖ A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
- ❖ A record of such impairment; or
- ❖ Being regarded as having such impairment.

The Analysis of Impediments was funded by a consortium of eight State and County housing agencies led by the Hawaii Housing and Finance Development Corporation (HHFDC), the State's primary agency promoting affordable housing by working with residents, housing developers, and financiers. The consortium decided to focus the Analysis of Impediments on people with disabilities because most fair housing complaints submitted in Hawaii come from this protected

class. This is in line with national trends away from race as the most common basis for fair housing complaints and towards disability as the most common basis. The Analysis of Impediments focus on people with disabilities enables a more in-depth exploration of the particular impediments that members of this protected class tend to face. The basic values that have come to guide legislation and policy are that housing for people with disabilities should be affordable, meet their disability-related needs (particularly regarding physical accessibility), and integrated into the community to foster social inclusion.

The Memorandum of Agreement (MOA) for this Analysis of Impediments (AI) summarized its purpose as follows (page 3 of Exhibit B, Scope of Services):

The objective of this AI is narrow, focused on covering public and private policies, practices, and procedures affecting the housing choice of people with disabilities. It was designed to:

- 1. Serve as the substantive, logical basis for the Fair Housing Plan for people with disabilities;*
- 2. Provide essential and detailed information to policy makers, administrative staff, housing providers, lenders, and fair housing advocates; and*
- 3. Assist in building public support for fair housing efforts both in the jurisdiction's boundaries and beyond.*

I.B. Who Conducted the Study

Because of the focus of the Analysis of Impediments on people with disabilities, the University of Hawaii at Manoa's Center on Disability Studies was engaged through a memorandum of agreement to conduct the study. The Center on Disability Studies was established nearly 30 years ago as part of a Congressionally-mandated national network of University Centers for Excellence in Developmental Disabilities that serve to connect universities and communities in research, training, and service partnerships on behalf of people with or at-risk for disabilities. The Center on Disability Studies has an annual budget of close to \$15 million and employs about 100 faculty and staff to implement about 40 grants and contracts, and is able to leverage well-established working relationships with numerous public and private agencies serving people with disabilities.

I.C. How the Study Was Funded

Jurisdictions receiving HUD funds are legally required to affirmatively further fair housing and the purposes of the Fair Housing Act, including conduct of an Analysis of Impediments. Housing programs funded by HUD include Community Development Block Grants (CDBG), Emergency Solutions Grants (ESG), HOME Investment Partnerships (HOME), Native American Housing Assistance and Self Determination Act projects, Housing Opportunities for Persons with AIDS (HOPWA), and public housing programs.

The Analysis of Impediments was funded by a consortium of the following agencies: HHFDC; City and County of Honolulu Department of Community Services; Hawaii Department of Hawaiian Home Lands; Hawaii Department of Human Services (Benefits, Employment and Support Services Division); Hawaii Public Housing Authority; Hawaii County Office of Housing and Community Development; Kauai County Housing Agency; and Maui County Department of Housing and Human Concerns.

I.D. Methodology Used

The primary source of information for *II. Jurisdictional Background Data* was the US Census Bureau's annual American Community Survey, which provides more up-to-date data than the 2010 Census. The most recent survey for which full results are available was conducted in 2014. Because the sample size is relatively small and likely to vary in representativeness from year to year, the results also tend to fluctuate from year to year. The five-year estimates calculated by the Census Bureau by averaging and weighting single-year results (in this case, 2010-2014) are therefore considered to be more reliable than results for a single year. Many of the tables and maps in this report were created with these 2010-2014 American Community Survey estimates. A number of survey questions are asked to determine if anyone in the household has a disability, referred to as "serious difficulty." Data collected on disability can then be collated with data on important life domains, including employment, income, education, and housing. The American Community Survey collects data on difficulties in the following six categories:

- ❖ Hearing: deaf or having serious difficulty hearing;
- ❖ Vision: blind or having serious difficulty seeing, even when wearing glasses;
- ❖ Cognitive: difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem;
- ❖ Ambulatory: serious difficulty walking or climbing stairs;
- ❖ Self-care: difficulty bathing or dressing; and
- ❖ Independent living: difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional problem.

For *III. Evaluation of Current Fair Housing Legal Status*, information was obtained primarily from the Hawaii Civil Rights Commission, the Legal Aid Society of Hawaii, and HUD on fair housing complaints, compliance reviews, and discrimination suits. The results are summarized in several tables.

Information for *IV. Identification of Impediments to Fair Housing Choice* was gathered primarily through analysis of relevant publications, including government agency reports (annual reports, annual and five-year plans, special topic reports, data books), reports and policy papers of nonprofit advocacy organizations, and academic studies. This section is quite long since there are many current initiatives underway with potentially substantial impacts on the lives of people with disabilities.

For *V. Assessment of Current Public and Private Fair Housing Programs and Activities*, the Analysis of Impediments Team relied on the voices of stakeholders with in-depth ground-level experience with housing issues for people with disabilities. They included (1) personnel who work within or often interact with the housing system, and (2) people with disabilities with experience seeking housing in Hawaii. Their views and opinions were obtained through semi-structured interviews in which the answers to standard sets of questions can then be explored with further questions and clarifications.

To identify and recruit personnel to interview who are knowledgeable about housing issues, the Analysis of Impediments funding agencies and several disability advocacy agencies were consulted to develop lists of individuals and organizations to contact for the state and each county. All recommended entities, totaling about 120, were contacted by phone and/or email to solicit their

participation. A total of 27 agencies participated in the interviews and are listed in Appendix B. The recruitment of people with disabilities was conducted primarily by contacting agencies serving this population and requesting their help in disseminating information about the Analysis of Impediments via a brochure or verbally using a suggested script. Interested individuals could then contact the Analysis of Impediments Team to schedule an in-person or telephone interview.

If interviewees agreed, interviews were audio recorded. In the rare cases where interviewees declined to be recorded, interviewers took detailed notes. Interviewer and notes and transcriptions of recorded interviews were then imported into NVivo, a popular qualitative data analysis software package. NVivo was used to mark topics addressed in the transcripts and conduct analyses to identify common themes related to impediments to fair housing choice for people with disabilities. The Analysis of Impediments procedures and materials were approved by the University of Hawaii at Manoa's Institutional Review Board (called the Committee on Human Subjects or CHS) (see Appendix C for the CHS approval, semi-structured interview questions, consent forms, brochure, and recruitment script).

I.E. Conclusions

I.E.1. Impediments Found

Two primary information sources provided a wealth of ground-level information on numerous housing issues of significance for people with disabilities. One source was the interviews described above. The other source was comprised of a wide range of publications that included (1) government agency annual and five-year plans, annual reports, studies, and funding applications, and (2) non-governmental reports, studies, and action plans, many of which were based on extensive stakeholder input.

Analysis of these information sources led to the identification of the following substantial impediments to fair housing choice for people with disabilities in Hawaii:

- ❖ There is a **lack of knowledge** on the part of people with disabilities, members of the general public, and landlords and property managers about **legal requirements for fair housing choice** as well as about **available resources and programs** that can support people with disabilities obtain and retain suitable housing.
- ❖ People with disabilities at lower income levels have **tremendous difficulties obtaining affordable housing that is accessible**.
- ❖ **Many personnel lack attitudes, skills, and knowledge** to serve and support people with disabilities in the housing, social service, medical, caretaking, and related fields.
- ❖ **Service systems are not well-coordinated** with regard to supporting people with disabilities obtain and retain suitable housing, particularly those with **serious cognitive disabilities**.

It was found that these impediments are seldom experienced by people with disabilities at higher income levels who can afford to rent or buy market-rate housing and also typically have good health care coverage and often insurance to cover needs for long-term services and supports. However, Hawaii's status as the nation's most expensive housing market makes it quite difficult for lower income people with disabilities to find housing they can afford (in other words, housing that requires the expenditure of no more than 30% of their disposable income). This is especially true for those who qualify for means-tested Supplemental Security Income (SSI). The \$733

individual monthly SSI rate for 2016 represents less than 16% of the median income in Hawaii and covers only about 60% of the average monthly rent for a one bedroom apartment. Although SSI recipients are typically eligible for public housing and Section 8 vouchers, there are long wait lists for both programs.

Low-income people with mobility impairments in particular were found to face substantial impediments due to the lack of accessible units. The most affordable housing tends to be older units built before 1990. In town areas most such units are in walk-up apartment buildings of two to four stories without elevators, while in rural areas they are single-family homes often built raised above the ground which makes the addition of wheelchair ramps quite expensive. Due to the severe shortage of affordable housing that is also accessible, people with mobility impairments who receive Section 8 vouchers often have to return them unused because they could not find suitable housing within the time limit.

People with psychiatric disabilities, particularly those who have rejected or stopped treatment, often face substantial impediments related to poor self-care and behaviors that may violate common social norms, leading to rejections of rental applications or eventual eviction. As a result, people with psychiatric disabilities are highly overrepresented among the homeless, but can be supported to obtain housing through treatment and case management that provides continuous monitoring.

Seniors are another group identified as facing substantial impediments, particularly the approximately 55% whose incomes are under 200% of Hawaii's supplemental poverty line. Hawaii faces what has been called a "silver tsunami" due to its population trending more elderly at a faster rate than elsewhere in the country. This is projected to seriously strain social service and medical systems because aging people develop mobility, sensory, and cognitive disabilities at much faster rates than those in younger age brackets. A group of particular concern consists of those who develop Alzheimer's disease and related dementias¹ that often lead to a need for intensive care and supervision in safe settings.

1.E.2. Actions to Address Impediments

To address the identified impediments, an action plan is proposed with three broad goals and accompanying action steps. Some of the proposed action steps, such as organizing fair housing educational events, naturally fall within the purview of fair housing personnel. However, their availability for other proposed action steps may be limited due to responsibilities in other areas within their departments. In addition, most of the action steps are likely to require collaboration with other public and private agencies. The action plan has therefore been shaped as much as possible to potentially link with or leverage other initiatives addressing housing issues. Most of these initiatives concern housing affordability or the needs of particular groups, particularly the homeless population and the senior population which both have high proportions of people with disabilities. These groups are frequently highlighted in the local mass media with reports of efforts to address their needs by a range of public and private entities and State and County legislative bodies. Senior population initiatives are perhaps most relevant because, with regard to housing, they tend to include a focus on promoting aging-in-place. For many seniors, aging-in-place

¹ The term "Alzheimer's disease and related dementias" or ADRD is meant to clarify that many people are affected by other conditions besides Alzheimer's disease that bring similar challenges and possible needs for continuous care. Just "Alzheimer's" will be used in this report but should be understood to refer to this broader group of disorders.

requires housing that meets at least minimum accessibility standards, such as those for visitability, which also benefits people of all ages with mobility impairments. Visitability is thus a concept that benefits multiple populations and can serve to bring together their respective consumers, advocates, and service system personnel to collaborate on a common cause.

Advocacy is usually most effectively done by stakeholders and voters from the community. Non-profit organizations with strong advocacy records that are potential partners include AARP Hawaii, Alzheimer's Association (Aloha Chapter), Hawaii Appleseed Center for Law and Economic Justice, Legal Aid Society of Hawaii, and Mental Health America of Hawaii. Public agencies with disability advocacy functions include the State Council on Developmental Disabilities and the Hawaii Disability Rights Center.

Goal 1: Enhance Public Awareness of Fair Housing

Lack of knowledge about fair housing regulations and principles was the impediment most often mentioned in interviews with both people with disabilities and personnel involved with the housing system. Fair housing workshops, seminars, and other educational events have been the primary means of achieving this and should be continued, perhaps with special efforts to reach older landlords who have been identified as the most in need of education.

Although campaigns to raise public awareness about fair housing issues are often recommended, such an initiative is NOT recommended for Hawaii because research indicates that these efforts tend to have little or no impact and would not be worth the time and resources to implement. For example, no lasting impact was found for a 2000-2001 HUD public awareness campaign when its outcomes were evaluated five years later. The evaluator stated, "The general lack of improvement is indicative of how challenging it must be to broaden the level of public awareness on an issue as involved as fair housing law" (Abravanel, 2006, page iv).

An emerging avenue of information dissemination consists of the State and County Aging and Disability Resource Centers (ADRCs) and the broader No Wrong Doors Network of which they are a part. The goal of a Federally-funded No Wrong Doors initiative currently underway is to create offices and websites where anyone in need of State or County public support services, from employment to health coverage to transportation, can get information about, submit applications for, and obtain referrals to relevant programs. The State and County ADRCs are meant to serve as such one-stop-shops specifically for seniors and people with disabilities. There is thus no need to create special means to deliver fair housing messages and information, since the ADRCs are expected to serve this function. However, it is understood that No Wrong Doors and the ADRCs have not yet given full attention to housing issues. The action plan therefore proposes steps to ensure the topic of fair housing is given the fullest possible coverage.

Goal 2: Increase the Availability of Affordable Housing that Is Accessible or Visitable

The success of efforts to increase the stock of accessible or visitable housing is dependent on revisions to building codes, zoning, and/or reserved housing requirements. There are numerous community development initiatives underway that may provide windows of opportunity to advocate for such revisions. Major initiatives include (1) transit-oriented developments being planned for the proposed 21 stations of the Honolulu Area Rapid Transit (HART) Project now under construction; (2) the redevelopment of the Kakaako neighborhood near downtown Honolulu under the direction of the Hawaii Community Development Authority; (3) implementation of the Oahu Islandwide Housing Strategy; and (4) the Hoopili master planned community with a total of

nearly 12,000 homes planned to be built over the next 20-25 years in West Oahu. Unfortunately, examination of available plans and promotional literature found virtually no mentions of housing accessibility beyond meeting the basic Fair Housing Act requirement of at least 5% of government-subsidized units being wheelchair accessible.

Given this lack of consideration of the needs of the growing number of people with mobility impairments, the major recommended action step for this goal is to make *visitability* a requirement for ALL new housing construction in Hawaii. Visitable housing is that which provides basic accessibility for wheelchairs, thereby enabling wheelchair users to visit their friends and neighbors and be more fully integrated in the life of the community. The case for visitability is succinctly made in the one-page *Resolution 28: Visitability Opportunities for People with Disabilities* passed by the 2005 US Conference of Mayors, which is provided in Appendix H. However, although visitability has proved to be a saleable concept adopted in many jurisdictions across the country, it appears to be off the radar of all branches of government in Hawaii. Examination of numerous plans and reports addressing housing issues in Hawaii found only two recommending adoption of visitability requirements. One is *Making Honolulu an Age-Friendly City - An Action Plan* (University of Hawaii Center on Aging, 2015). The other is the interim report of the Home for Life Task Force (2011), which identified and promoted visitability as a concept that should be implemented. However, that task force's request to be extended to complete its study and make concrete recommendations was not met by the State Legislature, and its interim report has apparently been ignored.

Notably, both of these initiatives focus on seniors, who are currently being given much attention by legislators and policy makers due to the coming "silver tsunami" described above. Visitable housing can help address this threat by enabling more seniors to age-in-place, which is a much cheaper alternative that seniors typically prefer to nursing facility placement. Those in the fair housing field thus have common cause with very active organizations advocating for seniors, including AARP Hawaii and the Alzheimer's Association (Aloha Branch). These and other advocacy organizations have the experience, resources, and established relationships needed to effectively advocate with legislators and policy makers. A good accessible housing advocacy resource developed by AARP in the States (2014) is the 136-page *Inclusive Home Design State Advocacy Tool Kit* with four model legislation options.

The AARP in the States (2014) publication also describes strategies for answering opposition to visitability, which tends to be particularly strong from home builder organizations that generally oppose any tightening of government regulations. Home builder associations have been reported to claim that basic visitable features add \$10,000 to \$30,000 to the construction costs of single-family homes, although others have calculated the actual added costs to be under \$1,000 (AARP in the States, 2014; Nasser, 2008). The cost argument against visitability is also countered by the potentially large sums these features might save by making much more expensive accessibility modifications or renovations unnecessary in the future. According to the Home for Life Task Force (2011), in Hawaii the addition of a wheelchair ramp to an entrance typically costs \$3,000 to \$10,000, the addition of bathtub grab bars for single wall construction costs about \$500, and converting a regular bathroom to an accessible bathroom costs \$8,000 to \$20,000. These costs are out of reach for many homeowners, particularly seniors on fixed incomes, so another legislative initiative should seek additional funding to help cover modifications to make homes more accessible.

In fact, the construction of new homes to be visitable can be done for virtually no additional cost, as demonstrated by the experience of Arizona's Pima County (which has over a million residents), where the passage of a mandatory visitability ordinance in 2002 led to the construction of more than 21,000 visitable homes over the next eight years. A letter in 2010 from the Pima County Chief Building Official to the US House Financial Services Subcommittee on Housing and Community Opportunity in support of proposed national legislation requiring "inclusive home design" (H.R. 1408, which did not pass) explained that initial concerns about costs, as well as about appearance, were unfounded:

While these requirements were at first resisted by builders based on the fact that they would require costly changes to conventional design and construction practices, it became evident that with appropriate planning, the construction could result in no additional cost. Indeed, the jurisdiction no longer receives builder complaints regarding the ordinance and the ordinance has been so well incorporated into the building safety plan review and inspection processes that there is no additional cost to the County to enforce its requirements. From a real estate perspective, homes built to this standard are deemed more marketable, but even more importantly; the accessible features of these homes remain unnoticed when toured by individuals not seeking accessibility. One of the initial concerns of the ordinance implementation was that it would result in homes appearing institutional in nature. This has not occurred within Pima County (Khawam, 2010; this letter is provided in Appendix H along with a four-page AARP Fact Sheet on visitability).

One state-level model identified by the Hawaii State Legislature's Home for Life Task Force (2011) is that of Vermont, which requires six visitability features in all new single family homes, whether built with or without public funds (however, homes built by the owner or for the occupancy of a known owner are exempt). However, visitability mandates are rare and are usually less stringent, such as that of Minnesota which only requires visitability in new housing financed by the state Housing Finance Agency. Rather, most jurisdictions that have adopted visitability only have voluntary programs with incentives such as tax breaks or waivers of various fees, but such programs rarely lead to a significant increase in visitable housing (Hall, 2015).

If a visitability initiative is to be implemented, it is highly recommended that it aim high and seek to replicate the Vermont model for Hawaii, which means:

- ❖ Mandate visitability rather than making it voluntary, because voluntary programs typically require tax payer funded incentives and fail to substantially increase the stock of visitable housing.
- ❖ Mandate visitability for ALL new housing, not just the relatively small number of units built with government subsidies.
- ❖ Mandate that ALL new housing include the six accessibility features for classification as Type C, which is the lowest of four levels of housing accessibility according to the ICC/ANSI A117.1 Standard on Accessible and Usable Buildings and Facilities (the great majority of jurisdictions with visitability programs only require two or three accessibility features).
- ❖ Seek a State level mandate to avoid having to advocate in each County in a piecemeal manner.

Five-year Action Plan to Affirmatively Further Fair Housing Choice for People with Disabilities

Action Steps	Timeline	Milestones/Outcomes
GOAL 1: Enhance Public Awareness of Fair Housing		
Continue to publicize and conduct fair housing workshops and seminars	Ongoing	A greater proportion of the population is aware of fair housing issues
Ensure the topics of affordable housing and fair housing choice are fully addressed within the No Wrong Door Network and all ADRCs	Within Year 1	Housing information, resources, applications, and counseling available in one-stop-shops
Publicize and promote the existence of, and assistance available through, the housing “doors” in the No Wrong Door Network	Ongoing	ADRCs are widely known and used as one-stop-shops for housing-related services
GOAL 2: Increase the Availability of Affordable Housing that Is Accessible or Visitable		
Collaborate with relevant organizations to advocate for the addition or upgrading of accessibility requirements in major neighborhood and housing development projects	By end of Year 2	Enhanced accessibility at the housing unit and community levels
Collaborate with relevant organizations to advocate for a visitability requirement for ALL new housing construction (with the exception of ADUs and ohana units)	By end of Year 5	More seniors are able to age-in-place and more people with disabilities have accessible housing
Collaborate with relevant organizations to advocate for ways to incentivize visitability as a valuable feature in ADUs and ohana units	By the end of Year 3	More seniors are able to age-in-place and more people with disabilities have accessible housing
Collaborate with relevant organizations to advocate for Increased funding to help lower income homeowners cover costs of modifications and renovations to make their homes more accessible	By the end of Year 3	More seniors are able to age-in-place and more people with disabilities have accessible housing
GOAL 3: Enhance Housing Options for People with Severe Mobility and Cognitive Impairments		
Collaborate with relevant organizations to advocate for actions to ensure the paraprofessional caretaking workforce is sufficient to meet growing needs for long-term services and supports (LTSS) and Home and Community-based Services (HCBS)	Ongoing	Seniors and people with severe disabilities have access to in-home and in-facility services
Collaborate with public and private providers of services to people with the most severe disabilities to support their access to appropriate housing	Ongoing	More people with psychiatric disabilities, Alzheimer’s, and ID/DD are well housed

Another important Goal 2 component is to take advantage of windows of opportunity to promote zoning and building code changes within the four areas of intense development described above. The objective is to maximize attention to the needs of people with disabilities for affordable and accessible housing.

Goal 3: Enhance Housing Options for People with Serious Cognitive Impairments

The Aging and Disability Resource Centers hold the promise of addressing many of the service system related recommendations of interviewees by helping to create a more seamless and readily accessed system in which interagency collaboration is promoted and facilitated. Goal 3 is therefore meant to cover other system aspects that can reasonably be addressed to enhance housing options. The two proposed action steps are meant to help reduce the projected severe shortage of paraprofessional providers of care for people with serious cognitive impairments and to promote greater access to appropriate housing for this population which includes many people with psychiatric disabilities, intellectual and developmental disabilities, and Alzheimer's.

Responsibilities for Action Steps

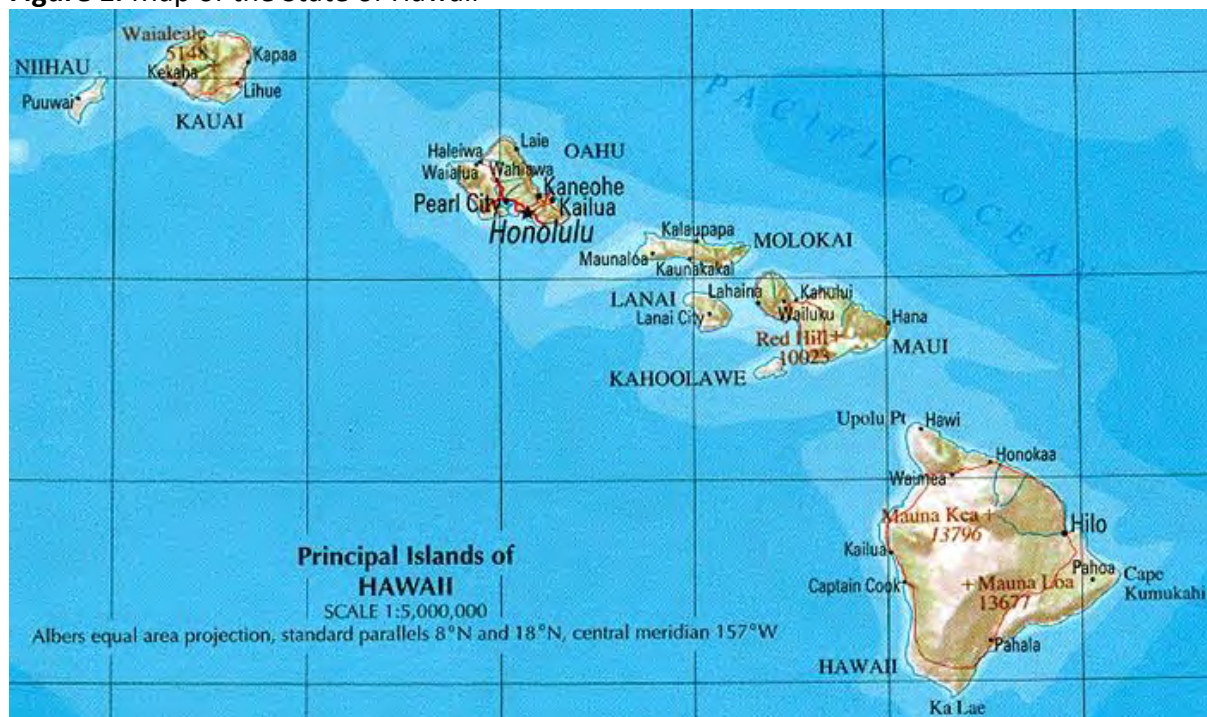
The State and County housing agencies that funded this Analysis of Impediments will take the lead for implementing the Action Steps of Goal 1, and have a supporting role where possible for Goals 2 and 3. These agencies include the HHFDC, City and County of Honolulu's Department of Community Services, State Department of Hawaiian Home Lands, State Department of Human Services (Homeless Programs Office of the Benefits, Employment and Support Services Division), Hawaii Public Housing Authority, Hawaii County's Office of Housing and Community Development, Kauai County's Housing Agency, and Maui County's Department of Housing and Human Concerns.

For Goals 2 and 3, the University of Hawaii Center on Disability Studies has offered to coordinate implementation of the Action Steps in collaboration with the State Council on Developmental Disabilities and the Hawaii Disability Rights Center. As indicated in Table 43, this will involve leveraging or establishing working relationships with a wide range of stakeholders. They will be engaged to collaborate on developing and implementing a strategic plan to achieve Goals 2 and 3.

II. JURISDICTIONAL BACKGROUND DATA

The State of Hawaii's location in the middle of the Pacific Ocean places it closer to the Asian mainland than to Washington, DC. The state is comprised of four counties.² The City and County of Honolulu (hereafter referred to as Honolulu County) occupies the Island of Oahu. The county is designated by HUD as a metropolitan area because it is home to Hawaii's only major urban center, Honolulu, which is also the state capital. The other three counties are designated as non-metropolitan and are often referred to as the "Neighbor Islands." About 70% of Hawaii's population lives on Oahu, which has a density of nearly 1,500 people per square mile. Hawaii County is next in population and occupies what is commonly called the Big Island because it is the largest island in the US, with a population density of only about 37 people per square mile. Maui County is comprised of the Island of Maui and the smaller inhabited islands of Lanai and Molokai. Kauai County is smallest in population and consists of just the Island of Kauai. The inhabited island of Niihau is privately owned and not included in this report.

Figure 1. Map of the State of Hawaii ³



II.A. Demographic Data with Focus on People with Disabilities

The first part of this section provides an overview of the population of Hawaii and its counties. Table 1 presents the population of each county and its percent of the total state population for every

² A fifth county, Kalawao County, consists of an isolated peninsula of Molokai Island where the Kalaupapa Settlement for people with Hansen's disease (leprosy) was in operation from 1866 to 1969. It is still administered by the Hawaii Department of Health and has about 100 residents, who for the purposes of this report are included with Maui County.

³ Public domain map from Wikimedia Commons at https://commons.wikimedia.org/wiki/File:Hawaii_Map.jpg.

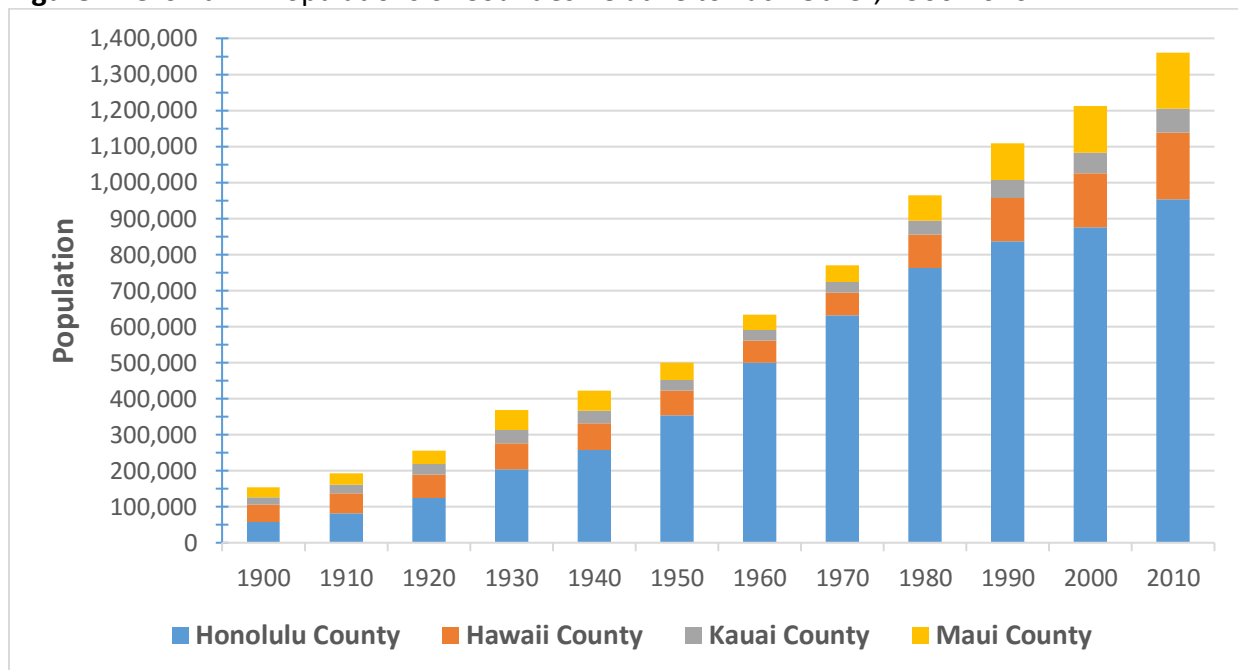
10 years since 1900, when the US Bureau of the Census began including what was then the Territory of Hawaii in its count. Figure 1 illustrates how the county populations have changed relative to each other over this time period. Figure 2 shows the relative growth in the populations of the counties from 1900 to 2010, and Figure 3 depicts change in the statewide population and number of households over the 20-year period from 1993 to 2013. The state population grew from about 1.17 million in 1993 to about 1.40 million in 2013, an increase of 19.7%, and the number of households grew from about 378,000 to about 450,000, an increase of 19.1%. As shown in Figure

Table 1. Number of Residents by County and County's Percent of State Population, 1900-2010

Census Year	Honolulu County		Hawaii County		Kauai County		Maui County		State Total
	#	%	#	%	#	%	#	%	
1900	58,504	38.0%	46,843	30.4%	20,734	13.5%	27,920	18.1%	154,001
1910	81,993	42.7%	55,382	28.9%	23,952	12.5%	30,547	15.9%	191,874
1920	123,496	48.3%	64,895	25.4%	29,438	11.5%	38,052	14.9%	255,881
1930	202,887	55.1%	73,325	19.9%	35,942	9.8%	56,146	15.2%	368,300
1940	257,696	61.0%	73,276	17.3%	35,818	8.5%	55,980	13.2%	422,770
1950	353,020	70.6%	68,350	13.7%	29,905	6.0%	48,519	9.7%	499,794
1960	500,409	79.1%	61,332	9.7%	28,176	4.5%	42,855	6.8%	632,772
1970	630,528	81.9%	63,468	8.2%	29,761	3.9%	46,156	6.0%	769,913
1980	762,565	79.0%	92,053	9.5%	39,082	4.1%	70,991	7.4%	964,691
1990	836,231	75.5%	120,317	10.9%	51,177	4.6%	100,504	9.1%	1,108,229
2000	876,156	72.3%	148,677	12.3%	58,463	4.8%	128,241	10.6%	1,211,537
2010	953,207	70.1%	185,079	13.6%	67,091	4.9%	154,924	11.4%	1,360,301
2015	998,714	69.8%	196,428	13.7%	71,735	5.0%	164,726	11.5%	1,431,603

Source: Hawaii Department of Business, Economic Development and Tourism (2016a, Table 1)

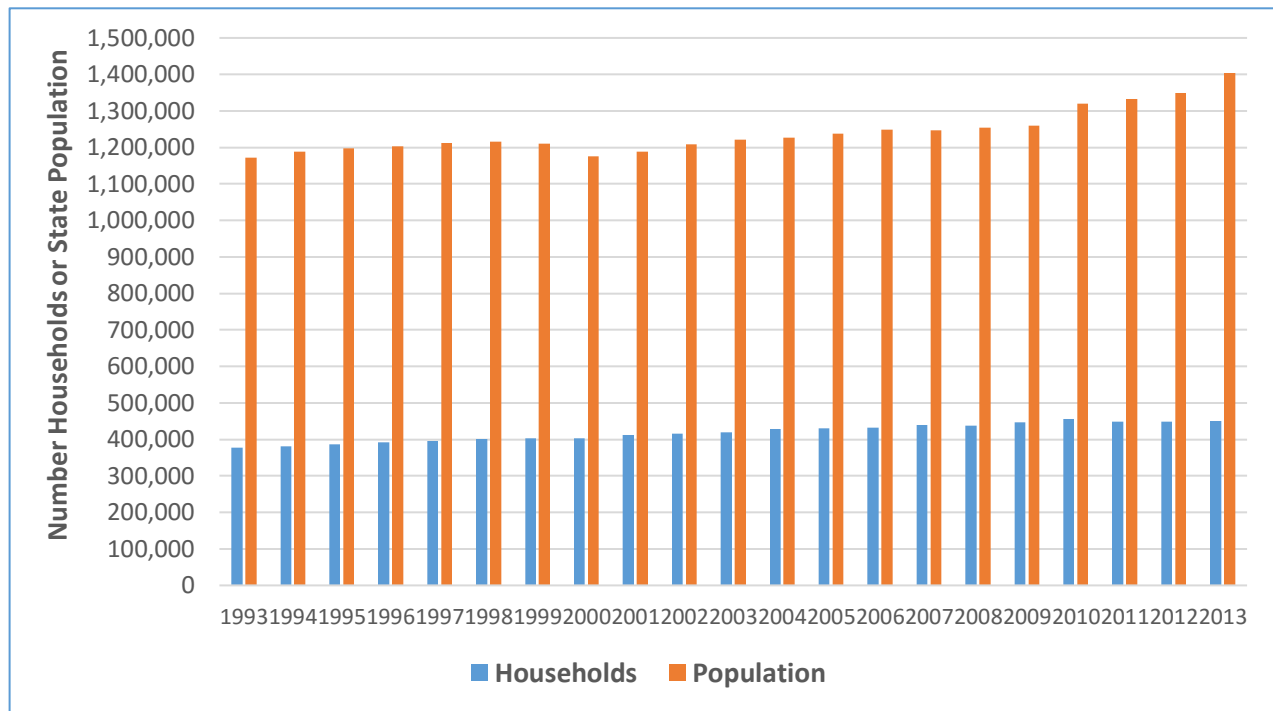
Figure 2. Growth in Populations of Counties Relative to Each Other, 1900-2010



Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 1.01)

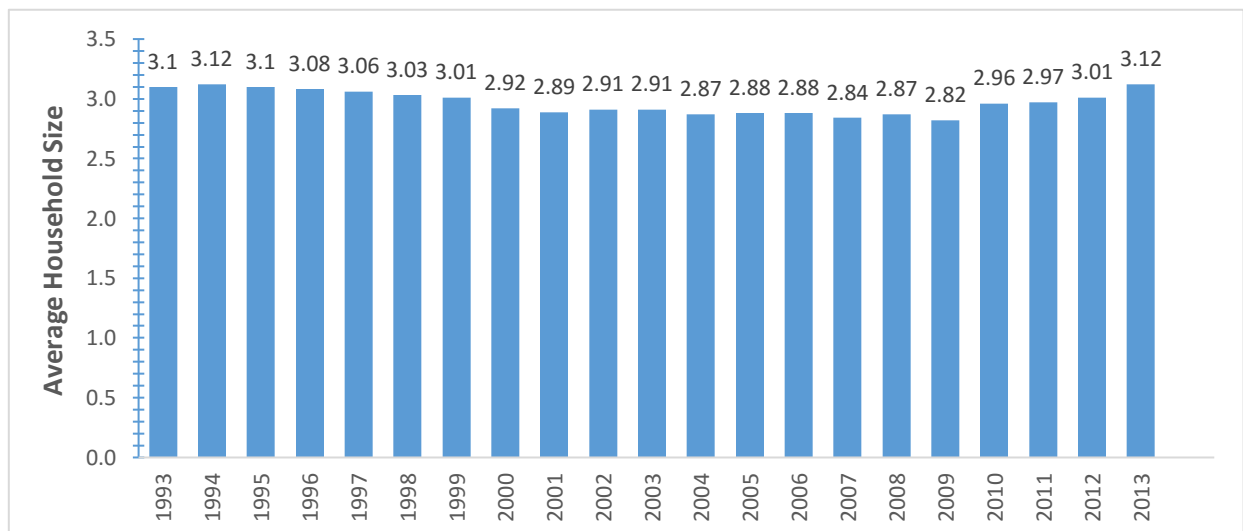
4, these numbers translate to an average household size of 3.1 people in 1993 and a nearly identical 3.12 in 2013, but in between those years there was a declining trend starting in 1996 to a low of 2.82 in 2009. The economic crisis at that time (referred to hereafter as the Great Recession) led to a rapid increase back to the more crowded 1993 level as unemployment and housing foreclosures forced many people to either combine households or move in with friends or relatives.

Figure 3. Hawaii's Population and Number of Households, 1993-2013



Source: Hawaii Department of Business, Economic Development and Tourism (2015a, Table A1, page 32)

Figure 4. Average Household Size in Hawaii, 1993-2013



Source: Hawaii Department of Business, Economic Development and Tourism (2015a, Table A1, page 32)

Population data on two numerically large groups, tourists and the military, need to be taken into account when addressing housing issues in Hawaii because many of their members occupy private market residential housing for temporary periods ranging from days to years. Tourism is the leading economic sector contributing to the state's gross domestic product, at about 18%, while the military is the second leading contributor at about 8% percent. There are more military personnel and their dependents in Hawaii than any other state (Cassiday, 2014). They are considered to be residents of Hawaii and, as shown in Table 2, in 2014 comprised about 7.8% of the population ("armed forces" percent plus "military dependents" percent). Regarding tourists, the visitor count for 2014 was about 3.78 million, of whom about 2.67 million (70.7%) were domestic and about 1.11 million (29.3%) were international. The average daily visitor census was about 205,400, or about 14.5% of the resident population (Hawaii Department of Business, Economic Development and Tourism, 2015b).

Table 2. Military Proportion of Hawaii's Resident Population, 2004-2014

Year	Total Resident Population		Armed Forces		Civilian Population					
					All Civilians		Military Dependents		Not Military Dependents	
	#	%	#	%	#	%	#	%	#	%
2004	1,273,569	100%	34,370	2.7%	1,239,199	97.3%	48,883	3.8%	1,190,316	93.5%
2009	1,346,717	100%	37,527	2.8%	1,309,190	97.2%	57,595	4.3%	1,251,595	92.9%
2014	1,419,561	100%	47,213	3.3%	1,372,348	96.7%	63,228	4.5%	1,309,120	92.2%

Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 1.03)

The remainder of this section provides demographic data focused on disability rates by age, sex, and race-ethnicity, for the State of Hawaii and its counties compared to the United States overall. Additional data regarding Hawaii's homeless population are summarized in *II.E.a. The Homeless Population*.

Table 3 provides the percentage of people with disabilities according to the age groups of particular concern for this Analysis of Impediments. The percentages are lower for the state compared to the nation for each age group, which presumably reflects Hawaii's status as one of the healthiest states.

Table 3. Percentage of People with Disabilities by Age Group for United States and State of Hawaii and Its Counties

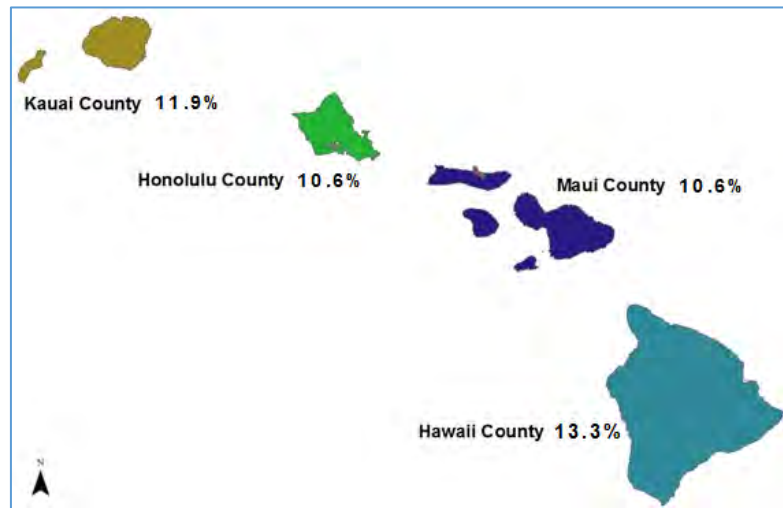
Age Group	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Total Population (% with Disability)	309,082,258 (12.3%)	1,340,207 (11.1%)	188,166 (13.3%)	926,743 (10.6%)	67,927 (11.9%)	157,371 (10.6%)
Under 18 Years (% with Disability)	73,636,556 (4.1%)	306,259 (3.2%)	42,334 (3.3%)	212,474 (3.2%)	15,434 (3.7%)	36,017 (2.9%)
18 - 64 Years (% with Disability)	193,574,369 (10.2%)	826,777 (8.0%)	115,949 (10.3%)	569,717 (7.5%)	41,605 (8.1%)	99,506 (8.2%)
Over 64 Years (% with Disability)	41,871,333 (36.3%)	207,171 (34.9%)	29,883 (39.0%)	144,552 (33.8%)	10,888 (38.3%)	21,848 (34.3%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Hawaii has been among the top six states in the *America's Health Rankings Annual Report* since it was started in 1990. The state was ranked at number one for 2015 for the fourth consecutive year.⁴ The age groups are under 18 years; 18-64 years, the standard range for the working age population; and over 64 years, the standard range for people of retirement age (to be referred to as *seniors*). The table clearly shows that disability rates increase with age, typically as the result of accidents, the effects of contracting acute and chronic diseases, and wear and tear on the body over time. As a result, over a third of seniors

have disabilities, which is often a major factor in determining their housing options. Figure 5 is a map of Hawaii showing the disability rates by county.

Figure 5. Percent of Population with Disabilities in the Counties of Hawaii



Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates; map created by University of Hawaii Center on Disability Studies

Table 4 provides a detailed breakdown of the numbers and percentages of people with disabilities by age and sex. The age groups are under 5 years, 5 to 17, 18 to 34, 35 to 64, 65 to 74, and over 74. Disability rates are lower in Hawaii and its counties compared to rates for the United States as a whole, with the exception of males in Hawaii County. As shown in Figure 5, Hawaii County also has a substantially higher overall disability rate than the other counties, at 13.3%, followed by Kauai County at 11.9%.

As summarized below in *II.B. Income Data* and *II.C. Employment Data*, Hawaii County also stands out as noticeably trailing the other counties on other socioeconomic indicators. This is related primarily to its status as the “Big Island” with exceptionally low population density compared to the other islands. One factor is that cheap land is available in remote areas which has tended to attract people seeking a place to practice traditional or alternative lifestyles that may not involve steady paid employment. The primary region of such settlement is the area in the southeast of the island, between the town of Hilo and the Hawaii Volcanoes National park (land costs are low not only because of remoteness, but also risk of volcanic lava flows). The Puna district in particular has been a magnet for new residents as a result of 52,500 subdivided lots being created between 1958 and 1973, with only about a quarter of these lots having been developed to date. As a result of Puna’s status as Hawaii’s “last frontier of affordable real-estate” its population increased by 66% from 2000 to 2010 (Carter, 2013). Many who came from the “Mainland” (the Continental United States) during an earlier wave in the 1960s and 1970s were tagged as “hippies” and the illegal growing of marijuana came to be the primary industry. By the 1980s the crop was estimated to be worth up to \$10 billion, surpassing the money brought into the entire state by tourism.

⁴ See <http://www.americahealthrankings.org/>.

Table 4. Number and Percentage of People with Disabilities by Age and Sex for United States and State of Hawaii and Its Counties

Disability Status, Sex, Age	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Total Population	309,082,258	1,340,207	188,166	926,743	67,927	157,371
With disability (% of total population)	37,874,571 (12.3%)	148,126 (11.1%)	24,971 (13.3%)	98,402 (10.6%)	8,102 (11.93%)	16,643 (10.6%)
Males (% of total population)	150,888,088 (48.8%)	657,992 (49.1%)	94,086 (50.0%)	451,110 (48.7%)	34,038 (50.1%)	78,730 (50.1%)
Males without disability (% of total population)	132,696,002 (42.9%)	584,380 (43.6%)	80,537 (42.8%)	403,405 (43.5%)	29,880 (44.0%)	70,534 (44.8%)
Males with disability (% of total population) (% of males)	18,192,086 (5.9%) (12.1%)	73,612 (5.5%) (11.2%)	13,549 (7.2%) (14.4%)	47,705 (5.2%) (10.6%)	4,158 (6.1%) (12.2%)	8,196 (5.2%) (10.4%)
Females (% of total population)	158,194,170 (51.2%)	682,215 (50.9%)	94,080 (50.0%)	475,633 (51.3%)	33,889 (49.9%)	78,576 (50.0%)
Females without disability (% of total population)	138,511,685 (44.8%)	607,701 (45.3%)	82,658 (43.93%)	424,936 (45.9%)	29,945 (44.1%)	70,129 (44.6%)
Females with disability (% of total population) (% of females)	19,682,485 (6.4%) (12.4%)	74,514 (5.6%) (11.0%)	11,422 (6.1%) (12.1%)	50,697 (5.5%) (10.7%)	3,944 (5.8%) (11.6%)	8,447 (5.4%) (10.8%)
Males under 5 years (% of total population)	10,204,565 (3.3%)	46,135 (3.4%)	6,057 (3.2%)	32,560 (3.5%)	2,325 (3.4%)	5,193 (3.3%)
With disability (% of under 5 males)	88,086 (0.9%)	166 (0.4%)	54 (0.9%)	74 (0.2%)	20 (0.9%)	18 (0.3%)
Males 5 to 17 years (% of total population)	27,405,950 (8.9%)	110,873 (8.3%)	15,683 (8.3%)	76,260 (8.2%)	5,729 (8.4%)	13,201 (8.4%)
With disability (% of 5-17 males)	1,784,790 (6.5%)	6,036 (5.4%)	831 (5.3%)	4,086 (5.4%)	382 (6.7%)	737 (5.6%)
Males 18 to 34 years (% of total population)	35,574,328 (11.5%)	148,649 (11.1%)	19,645 (10.4%)	105,260 (11.4%)	6,894 (10.2%)	16,841 (10.7%)
With disability (% of 18-34 males)	2,205,944 (6.2%)	8,229 (5.5%)	1,669 (8.5%)	5,255 (5.0%)	387 (5.6%)	918 (5.5%)
Males 35 to 64 years (% of total population)	59,293,451 (19.2%)	259,797 (19.4%)	38,395 (20.4%)	173,823 (18.8%)	14,102 (20.8%)	33,460 (21.3%)
With disability (% of 35-64 males)	7,633,975 (12.9%)	27,634 (10.6%)	5,232 (13.6%)	17,769 (10.2%)	1,341 (9.5%)	3,288 (9.8%)
Males 65 to 74 years (% of total population)	11,065,355 (3.6%)	54,233 (4.1%)	9,075 (4.1%)	35,712 (3.9%)	3,085 (4.5%)	6,359 (4.0%)
With disability (% of 65-74 males)	2,932,519 (26.5%)	12,410 (22.9%)	2,597 (28.6%)	7,614 (21.3%)	870 (28.2%)	1,329 (20.9%)
Males over 74 years (% of total population)	7,344,439 (2.4%)	38,305 (2.9%)	5,231 (2.8%)	27,495 (3.0%)	1,903 (2.8%)	3,676 (2.3%)
With disability (% of over 74 males)	3,546,772 (48.3%)	19,137 (50.0%)	3,166 (60.5%)	12,907 (46.9%)	1,158 (60.9%)	1,906 (51.8%)

Disability Status, Sex, Age	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Females under 5 years (% of total population)	9,766,960 (3.2%)	43,963 (3.3%)	5,837 (3.1%)	31,126 (3.4%)	2,114 (3.1%)	4,885 (3.1%)
With disability (% of under 5 females)	73,179 (0.7%)	187 (0.4%)	23 (0.4%)	160 (0.5%)	0 (0.0%)	4 (0.1%)
Females 5 to 17 years (% of total population)	26,259,081 (8.5%)	105,288 (7.9%)	14,757 (7.8%)	72,528 (7.8%)	5,266 (7.8%)	12,737 (8.1%)
With disability (% of 5-17 females)	1,045,318 (4.0%)	3,401 (3.2%)	505 (3.4%)	2,452 (3.4%)	170 (3.2%)	274 (2.2%)
Females 18 to 34 years (% of total population)	36,039,704 (11.7%)	151,065 (11.3%)	19,119 (10.2%)	109,587 (11.8%)	6,416 (9.5%)	15,932 (10.1%)
With disability (% of 18-34 females)	1,866,713 (5.2%)	5,995 (4.0%)	969 (5.1%)	4,176 (3.8%)	213 (3.3%)	637 (4.0%)
Females 35 to 64 years (% of total population)	62,666,886 (20.3%)	267,266 (19.9%)	38,790 (20.6%)	181,047 (19.5%)	14,193 (20.9%)	33,226 (21.1%)
With disability (% of 35-64 females)	7,996,429 (12.8%)	24,258 (9.1%)	4,021 (10.4%)	15,532 (8.6%)	1,416 (10.0%)	3,289 (9.9%)
Females 65 to 74 years (% of total population)	12,666,003 (4.1%)	58,678 (4.4%)	8,725 (4.6%)	40,100 (4.3%)	3,187 (4.7%)	6,658 (4.2%)
With disability (% of 65-74 females)	3,115,772 (24.6%)	11,766 (20.1%)	2,078 (23.8%)	7,657 (19.1%)	720 (22.6%)	1,311 (19.7%)
Females over 74 years (% of total population)	10,795,536 (3.5%)	55,955 (4.2%)	6,852 (3.6%)	41,245 (4.5%)	2,713 (4.0%)	5,138 (3.3%)
With disability (% of over 74 females)	5,585,074 (51.7%)	28,907 (51.7%)	3,826 (55.8%)	20,720 (50.2%)	1,425 (52.5%)	2,932 (57.1%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

However, intense eradication efforts brought an end to the area's status as one of the world's "pot capitals" and reduced much of the local economic activity it supported (Conrow & Witty, 1996). Nearly 40% of Puna's residents are first generation in Hawaii. The proportion of Whites is high, at 37% compared to 24% for the state, and families from the Micronesian area of the Pacific have also settled there in high numbers but generally lack their own transportation. Puna contributes to Hawaii County's overall lower socioeconomic status compared to other counties through such indicators as having the state's highest percentage of families who rely on food stamps at 55%; the county's highest percent of students who qualify for free or reduced lunch; obtaining about 85% of the county's Section 8 vouchers; and having high disability rates including almost half of residents 65 years and older (Carter, 2013). A recent community health needs assessment determined that Puna and the neighboring districts of Kau and South Hilo have Hawaii County's highest socioeconomic needs, with transportation problems and a related lack of access to health care among the notable barriers (Healthcare Association of Hawaii, 2015).

Table 5 shows the ethnic/racial breakdown of people with disabilities based on the self-identification of American Community Survey respondents. The data reflect Hawaii's reputation as the most diverse state in the nation, with no ethnic/racial group in the majority. Those of Asian heritage are the largest group at about 39% of the state total, followed by Whites at 24%, Native

Table 5. Number and Percentage of People with Disabilities by Ethnic/Racial Heritage for United States and State of Hawaii and Its Counties

Ethnic/Racial Group	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Total Population	309,082,258	1,340,207	188,166	926,743	67,927	157,371
With disability (% of total)	37,874,571 (12.25%)	148,126 (11.05%)	24,971 (13.27%)	98,402 (10.62%)	8,102 (11.93%)	16,643 (10.58%)
White (% of total population)	228,624,830 (73.97%)	320,660 (23.93%)	62,492 (33.21%)	180,936 (19.52%)	22,817 (33.59%)	54,415 (34.58%)
With disability (% of total population) (% of White)	28,975,110 (9.37%) (12.67%)	38,543 (2.88%) (12.02%)	10,142 (5.39%) (16.23%)	19,456 (2.10%) (10.75%)	2,813 (4.14%) (12.33%)	6,132 (3.90%) (11.27%)
Black (% of total population)	38,271,664 (12.38%)	21,012 (1.57%)	1,302 (0.69%)	18,407 (1.99%)	433 (0.64%)	870 (0.55%)
With disability (% of total population) (% of Black)	5,294,368 (1.71%) (13.83%)	1,960 (0.15%) (9.33%)	303 (0.16%) (23.27%)	1,439 (0.16%) (7.82%)	87 (0.13%) (20.09%)	131 (0.08%) (15.06%)
Asian (% of total)	15,629,424 (5.06%)	523,606 (39.07%)	41,541 (22.08%)	415,796 (44.87%)	24,039 (35.39%)	42,230 (26.83%)
With disability (% of total population) (% of Asian)	1,029,256 (0.33%) (6.59%)	62,155 (4.64%) (11.87%)	5,747 (3.05%) (13.83%)	47,902 (5.17%) (11.52%)	3,402 (5.01%) (14.15%)	5,104 (3.24%) (12.09%)
American Indian- Alaska Native (AI-AN) (% of total population)	2,502,365 (0.81%)	2,310 (0.17%)	563 (0.30%)	1,357 (0.15%)	146 (0.21%)	244 (0.16%)
With Disability (% of total population) (% of AI-AN)	408,497 (0.13%) (16.32%)	450 (0.03%) (19.48%)	124 (0.07%) (22.02%)	234 (0.03%) (17.24%)	33 (0.05%) (22.60%)	59 (0.04%) (24.18%)
Native Hawaiian- Pacific Islander (NH-PI) (% of total population)	522,501 (0.17%)	136,443 (10.18%)	23,856 (12.68%)	89,573 (9.67%)	6,588 (9.70%)	16,426 (10.44%)
With disability (% of total population) (% of NH-PI)	51,695 (0.02%) (9.89%)	14,699 (1.10%) (10.77%)	2,996 (1.59%) (12.56%)	9,715 (1.05%) (10.85%)	642 (0.95%) (13.33%)	1,346 (0.85%) (9.74%)
Other Ethnicity/Race (% of total population)	14,557,838 (4.71%)	13,468 (1.00%)	4,315 (2.29%)	7,506 (0.81%)	389 (0.57%)	1,258 (0.80%)
With disability (% of total population) (% of other)	1,132,429 (0.37%) (7.78%)	1,153 (0.09%) (8.56%)	291 (0.15%) (6.74%)	652 (0.07%) (8.69%)	64 (0.09%) (16.45%)	146 (0.09%) (11.61%)
Heritage Two or More Ethnic/Racial Groups (% of total population)	8,973,636 (2.90%)	322,708 (24.08%)	54,097 (28.75%)	213,168 (23.00%)	13,515 (19.90%)	41,928 (26.64%)
With disability (% of two or more)	983,216 (10.96%)	29,166 (9.04%)	5,368 (9.92%)	19,004 (8.92%)	1,061 (7.85%)	3,733 (8.90%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Hawaiians and Pacific Islanders at 10%, and Hispanics at 5%. The most common Asian ethnic groups are (in descending order) Japanese, Filipino, Korean, and Chinese, most of whose ancestors came to Hawaii to work in the sugar cane and pineapple fields that once dominated the economy but have now disappeared (Nordyke, 1989). Another large group, at 24%, consists of people reporting a heritage of two or more ethnic/racial groups, reflecting the relatively high rate of intermarriage in the islands. Hawaii's 24% rate of residents reporting multiracial heritage is by far the country's highest, followed by Alaska at only about 7% (US Census Bureau, 2010).

Although about 10% of Hawaii respondents to the American Community Survey self-reported being of Native Hawaiian descent, this group is often stated to comprise close to a quarter of the state population. This is based on the long-standing assumption that people with any degree of Native Hawaiian heritage should be counted as members of that group. Those with smaller degrees of Native Hawaiian heritage are often referred to as part-Hawaiians. As noted in a Kamehameha Schools (2014) report, about 72% of Native Hawaiians identify with at least one other ethnic/racial group compared to the statewide rate of 24%. The relatively recent addition to the US Census questionnaire (in 2000) of the population category "two or more races" therefore tends to subsume part-Hawaiians and reduce the Native Hawaiian population count.

People with disabilities are included in what is known as the "special needs population" which refers to individuals who are likely to be in need of specialized services and supports. This population and the housing needs of its members were included for the first time in the most recent (in 2011) in a series of Hawaii housing planning studies that began in 2003. The special needs

Table 6. Rough Estimates of Numbers and Percent of Total Population of Special Needs Subgroups in State of Hawaii and Its Counties, 2011

	State of Hawaii		Honolulu County		Hawaii County		Kauai County		Maui County	
2010 Census	1,340,207		953,207		185,079		67,091		154,924	
Special Needs Subgroup	# Estimate	% Pop.	# Estimate	% Pop.	# Estimate	% Pop.	# Estimate	% Pop.	# Estimate	% Pop.
Seniors	247,678	18.2%	169,361	17.8%	34,368	18.6%	12,594	18.8%	25,328	16.3%
Frail Elderly	8,396	0.6%	5,281	0.6%	1,674	0.9%	725	1.1%	1,021	0.7%
Exiting Offender	1,963	0.1%	1,376	0.1%	267	0.1%	97	0.1%	223	0.1%
Alcohol/Drug Addictions	136,302	10.0%	98,848	10.4%	17,749	9.6%	5,884	8.8%	12,108	7.8%
With Disabilities	130,435	9.6%	87,950	9.2%	22,004	11.9%	7,295	10.9%	13,186	8.5%
With Developmental Disabilities	2,426	0.2%	1,700	0.2%	330	0.2%	120	0.2%	276	0.2%
With HIV/AIDS	2,317	0.2%	1,624	0.2%	315	0.2%	115	0.2%	264	0.2%
With Severe Mental Illness	32,000	2.4%	47,660	5.0%	9,254	5.0%	3,355	5.0%	7,742	5.0%
Victims of Domestic Violence	575	0.0%	Not known	Not known	1,078	0.6%	Not known	Not known	Not known	Not known
Youth Exiting Foster Care	150	0.0%	128	<0.1%	20	<0.1%	7	<0.1%	17	<0.1%

Source: SMS Research and Marketing Services (2011a) and US Census Bureau, 2010 Census

subgroups for the 2011 study included people with disabilities as well as several disability subcategories, namely frail elderly, people with alcohol and other drug addictions, people with developmental disabilities, people with severe mental illness, and people diagnosed with HIV or AIDS. People with disabilities are also overrepresented in the other special needs subgroups, which were seniors, frail elderly, offenders exiting correctional facilities, victims of domestic violence, and emancipated foster youth. Table 6 provides the estimates of the numbers of people in these subgroups by county. However, the study's authors caution that the accuracy of data for most of the subgroups is questionable because it is not routinely collected and may be out of date or duplicative. The authors conclude, "At this time, it is not possible to estimate housing needs among Hawai'i's special needs groups accurately" (SMS Research and Marketing Services, 2011a, page 47). Table 6 is nevertheless included here because it does roughly indicate the relative sizes of the different subgroups.

II.B. Income Data

Table 7 shows the median earnings for the 12 months prior to the time when American Community Survey respondents were interviewed. The State of Hawaii, and particularly Honolulu County, have median earnings above the national average. However, although Hawaii is justifiably considered a desirable place to live in view of its mild climate and natural beauty, residents must also pay what is often called "the high price of paradise" in the form of living costs at least a fifth higher than those common on the Mainland (Murakami, 2013). Hawaii County is the only county with median earnings below the national average.

The table clearly shows that people with disabilities tend to earn substantially less than those without disabilities. Nationally, both males and females with disabilities earn about two-thirds of what those without disabilities earn. The percentages for people with disabilities in Hawaii are a

Table 7. Total Median Earnings for Last 12 Months of People with and without Disabilities in the United States and State of Hawaii and Its Counties, by Sex

Disability Status, Sex	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Median earnings last 12 months	\$30,880	\$32,724	\$27,381	\$34,567	\$31,539	\$31,616
People without Disability	\$31,425	\$33,239	\$28,341	\$35,055	\$31,570	\$31,877
People with Disability (% of "without disability" earnings)	\$20,815 (66.2%)	\$23,871 (71.8%)	\$14,741 (52.0%)	\$25,989 (74.1%)	\$30,625 (97.0%)	\$23,818 (74.7%)
Males without Disability	\$37,136	\$38,290	\$32,164	\$40,592	\$33,587	\$35,550
Males with Disability (% of "without disability" earnings)	\$24,595 (66.2%)	\$26,284 (68.6%)	\$17,125 (53.2%)	\$28,370 (69.9%)	\$35,370 (105.3%)	\$26,525 (74.6%)
Females without Disability	\$26,179	\$29,711	\$25,174	\$30,686	\$30,132	\$28,711
Females with Disability (% of "without disability" earnings)	\$17,172 (65.6%)	\$21,110 (71.1%)	\$12,834 (51.0%)	\$23,302 (75.9%)	\$24,112 (80.0%)	\$18,560 (64.6%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

bit higher, with the state average being about 72% that of people without disabilities. However, Hawaii County stands out as showing much lower comparative earnings for people with disabilities, at just over 50% of the earnings of those without disabilities. A major reason for these differences is the much lower labor force participation rates of people with disabilities, as discussed below in *II.C. Employment Data*. The findings for Kauai County are notable for showing that, on average, people with disabilities earn almost as much or even more than those without disabilities. By contrast, the findings for Hawaii County indicate that people with disabilities earn much less than their counterparts in the other counties or for the United States overall. While there is no obvious explanation for the Kauai County results, it appears likely that those for Hawaii County are largely due to the high disability rates in remoter areas where opportunities for steady paid employment are lacking.

The lower median earnings of people with disabilities is in turn associated with higher poverty rates for this population compared to those without disability, as shown in Table 8. For the United States, the overall poverty rate is 15.6% with a rate of 22.3% for people with disabilities and 14.7% for those without disabilities, while for the State of Hawaii the comparable rates are 11.5% overall, 17.7% with disabilities, and 10.8% without disabilities. The county poverty rates are comparable to the state rates except for Hawaii County which has a much higher overall rate of 19.2%, a “with disabilities” rate of 24.6%, and a “without disabilities” rate of 18.4%.

Table 8. Poverty Rates for People with and without Disabilities in the United States and State of Hawaii and Its Counties

Population Group	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Total Population (% below poverty line)	305,519,742 (15.6%)	1,327,119 (11.5%)	186,286 (19.2%)	916,891 (10.0%)	67,544 (11.7%)	156,398 (11.4%)
People with Disabilities (% below poverty line)	37,709,398 (22.3%)	147,778 (17.7%)	24,929 (24.6%)	98,126 (16.4%)	8,095 (17.3%)	16,628 (15.9%)
People without Disabilities (% below poverty line)	267,810,344 (14.7%)	1,179,341 (10.8%)	161,357 (18.4%)	818,765 (9.2%)	59,449 (11.0%)	139,770 (10.9%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

One problem with Table 8 is that the US Census Bureau calculates poverty rates for its American Community Survey using standards that are applied nationally without consideration of geographical differences, such as Hawaii’s high cost of living. To provide more realistic poverty rate estimates, the US Census Bureau also determines a “supplemental poverty measure” that considers both the cost of living and available government assistance in jurisdictions (Fisher, 1992). This supplemental measure is considerably higher than the official measure in Hawaii. According to the Hawaii Appleseed Center for Law and Economic Justice (2016), calculating the statewide poverty rate using the higher supplemental cutoff raises it from the 11.5% shown in Table 8 to 18.4%, which is the sixth highest poverty rate among the states. The dollar amounts of both the official and supplemental poverty cut-offs vary depending on the size of the family and the ages of its members. The Hawaii Appleseed Center describes the example of a family of four with two adults and two children living in Honolulu County, for whom the official poverty line is \$24,008 in annual income compared to the supplemental level line of \$27,950. However, many two-adult two-child families living above these poverty lines are clearly struggling to survive, as

shown in Table 9. The annual income of a family of four in Honolulu County would need to be \$94,104 to live in a modest and economically secure fashion, while the comparable figure for Neighbor Islands is \$76,524.

As described by the US Social Security Administration (2016), it manages two programs that provide the only or primary source of income for many people with disabilities. Social Security Disability Insurance (SSDI) is an entitlement (insurance) program for people between 18 and 65 years who have experienced a disability that prevents them from working and who have contributed enough in Social Security payroll taxes to qualify. SSDI payments are based on the person's earnings record and average about \$1,165 a month. SSDI recipients are eligible for Medicare after two years. By contrast, Supplemental Security Income (SSI) is a means-tested program designed to meet the basic needs of low-income seniors and people with disabilities under 65 who would otherwise have a hard time paying for food and shelter. Most people determined eligible for SSI are also immediately eligible for Medicaid. Each year the Social Security Administration sets monthly payment rates. For 2016 these ranged from \$733 for an individual living independently (\$1,100 for a couple) to \$1,493 for an individual in a private care facility for more than five people (\$2,957 for a couple). The \$733 individual rate represents less than 16% of the median income in Hawaii, which is lower than all other states with the exceptions of Maryland and Virginia. About half the states boost SSI amounts to help recipients cover their living costs, but Hawaii is not among them despite its high cost of living. About 15,000 Hawaii residents (about 1.1% of the population) received SSI in 2014 (Cooper, *et al.*, 2015).

Social Security retirement checks are the main source of income for many of Hawaii's seniors, but are likely to be meager for those whose lifetime earnings are relatively low due to working at low paying jobs. According to a Kaiser Foundation study, about 19% of Hawaii's seniors live below the supplemental poverty measure and about 55% live below 200% of the measure, and those at lower income levels tend to be in poorer health than those at higher ones (Cubanski, *et al.*, 2015).

II.C. Employment Data

Table 10 shows numbers and rates of participation in the labor force and of employment for people with disabilities compared to those without disabilities, based on the noninstitutionalized population of civilians of standard working age, 18 to 64 years old. Particularly informative are data showing that people with disabilities are highly overrepresented among people who are not in the labor force. People with disabilities comprise 10.2% of the national 18-64 population (as shown in Table 1) but 25.8% of those 18-64 not in the labor force, while the comparable State of Hawaii rates are 8.0% and 19.8%. Of the counties, Hawaii shows the highest rates, with people with disabilities at 10.3% of the 18-64 population and 23.6% of those 18-64 not in the labor force, and Honolulu the lowest rates, at 7.5% and 18.8%.

Table 9. Monthly Expenditures Needed by a Family of Four for a Modest Lifestyle

Monthly Expense	Honolulu	Neighbor Islands
Housing	\$1,820	\$1,175
Food	\$937	\$937
Childcare	\$1,511	\$1,261
Transportation	\$620	\$723
Health Care	\$623	\$590
Other necessities	\$1,332	\$1,020
Taxes	\$999	\$671
Monthly Total	\$7,841	\$6,377
Annual Total	\$94,092	\$76,529

Source: Appleseed Center for Law and Economic Justice (2016, page 5)

Table 10. Number and Percent of Individuals with and without Disabilities in the Labor Force, Employed, and Unemployed for United States and State of Hawaii and Its Counties

Employment Status	United States	State of Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Civilian Noninstitutionalized Population 18 to 64 years	193,574,369	826,777	115,949	569,717	41,605	99,506
In Labor Force (% of noninstitutionalized 18-64)	148,743,241 (76.8%)	644,931 (78.0%)	83,429 (72.0%)	448,099 (78.7%)	32,461 (78.0%)	80,942 (81.3%)
Not in Labor Force (% of noninstitutionalized 18-64)	44,831,128 (23.2%)	181,846 (22.0%)	32,520 (28.0%)	121,618 (21.3%)	9,144 (22.0%)	18,564 (18.7%)
Not in Labor Force with Disability (% of noninstitutionalized 18-64) (% of total 18-64 population) (% of 18-64 with disability pop.) (% of "not in labor force")	11,583,766 (6.0%) (10.2%) (58.8%) (25.8%)	35,996 (4.4%) (8.0%) (54.4%) (19.8%)	7,671 (6.6%) (10.3%) (64.5%) (23.6%)	22,814 (4.0%) (7.5%) (53.4%) (18.8%)	1,760 (4.2%) (8.1%) (52.4%) (19.3%)	3,751 (3.8%) (8.2%) (46.1%) (20.2%)
Not in Labor Force No Disability (% of noninstitutionalized 18-64) (% of total 18-64 population) (% of 18-64 no disability pop.) (% of "not in labor force")	33,247,362 (17.2%) (89.8%) (19.1%) (74.2%)	145,850 (17.6%) (92.0%) (19.2%) (80.2%)	24,849 (21.4%) (89.7%) (23.9%) (76.4%)	98,804 (17.3%) (92.5%) (18.7%) (81.2%)	7,384 (17.8%) (91.9%) (19.3%) (80.8%)	14,813 (14.9%) (91.8%) (16.2%) (79.8%)
Employed (% of noninstitutionalized 18-64) (% of "in labor force")	135,293,448 (69.9%) (91.0%)	25,779 (72.8%) (93.3%)	75,669 (65.3%) (90.7%)	421,572 (74.0%) (94.1%)	30,423 (73.1%) (93.7%)	74,031 (74.4%) (91.5%)
Employed with Disability (% of noninstitutionalized 18-64) (% of 18-64 with disability pop.) (% of "in labor force") (% of employed)	6,632,448 (3.4%) (33.7%) (4.5%) (4.9%)	25,779 (3.1%) (39.0%) (4.0%) (4.3%)	3,429 (21.0%) (28.8%) (4.1%) (4.5%)	17,265 (3.0%) (40.4%) (3.9%) (4.1%)	1,505 (3.6%) (44.8%) (4.6%) (5.0%)	3,580 (3.6%) (44.0%) (4.4%) (4.8%)
Employed No Disability (% of noninstitutionalized 18-64) (% of 18-64 no disability pop.) (% of "in labor force") (% of employed)	128,661,000 (66.5%) (74.0%) (86.5%) (95.1%)	575,916 (69.7%) (75.7%) (89.3%) (95.7%)	72,240 (62.3%) (69.4%) (86.6%) (95.5%)	404,307 (71.0%) (76.7%) (90.2%) (95.9%)	28,918 (69.5%) (75.6%) (89.1%) (95.1%)	70,451 (70.8%) (77.1%) (87.0%) (95.2%)
Unemployed (% of noninstitutionalized 18-64) (% of "in labor force")	13,449,793 (7.0%) (9.0%)	43,236 (5.2%) (6.7%)	7,760 (6.7%) (9.3%)	26,527 (4.7%) (5.9%)	2,038 (4.9%) (6.3%)	6,911 (7.0%) (8.5%)
Unemployed with Disability (% of noninstitutionalized 18-64) (% of 18-64 with disability pop.) (% of "in labor force") (% of unemployed)	1,486,847 (0.8%) (7.5%) (1.0%) (11.1%)	4,341 (0.5%) (6.6%) (0.7%) (10.0%)	791 (0.7%) (6.7%) (1.0%) (10.2%)	2,653 (0.5%) (6.2%) (0.6%) (10.0%)	92 (0.2%) (2.7%) (0.3%) (4.5%)	805 (0.8%) (9.9%) (1.0%) (11.7%)
Unemployed No Disability (% of noninstitutionalized 18-64) (% of 18-64 no disability pop.) (% of "in labor force") (% of unemployed)	11,962,946 (6.2%) (6.9%) (8.0%) (89.0%)	38,895 (4.7%) (5.1%) (6.0%) (90.0%)	6,969 (6.0%) (6.7%) (8.4%) (89.8%)	23,874 (4.2%) (4.5%) (5.3%) (90.0%)	1,946 (4.7%) (5.1%) (6.0%) (95.5%)	6,106 (6.1%) (6.7%) (7.5%) (88.4%)

Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

The data in Table 10 that most clearly show the stark difference in employment status between people with and without disabilities are the proportions of each in the three possible categories: employed, unemployed, or not in the labor force. The rows in the table with these data are indicated by bold italics. In the State of Hawaii, 39.0% of people with disabilities are employed compared to 75.7% of those without disabilities, 6.6% are unemployed compared to 5.1%, and 54.4% are not even in the labor force compared to 19.2%. Of the counties, Hawaii County stands out as having the highest rate of non-participation in the labor force at 64.5% while Maui County is the only one to have a non-participation rate under 50%, at 46.1%. A variety of reasons have been identified for the relatively low employment rates of people with disabilities. One is that disability may limit the kinds of jobs that people can reasonably perform. It can also be a basis for discrimination in hiring, concerning which there are a variety of Federal and State laws mandating non-discrimination, notably the Americans with Disabilities Act (ADA). Disability employment discrimination is so common that the US Congress established the Office of Disability Employment Policy within the US Department of Labor in 2001.

Another employment barrier is that there are limits on the earnings of people receiving SSI, which if exceeded can lead to a cut-off not only of SSI but also other means-tested benefits. Medicaid is considered by many people with disabilities to be the most important of these benefits because it is often an essential lifeline for low-income individuals with substantial health issues. The possibility of losing Medicaid coverage thus leads many people with disabilities to decide not to seek employment. To address this problem, over 40 states have established Medicaid Buy-in Programs that enable employed people with disabilities to keep their Medicaid coverage by sharing in the cost on a sliding fee scale and/or by having a net family income below 250% of the Federal poverty level for their family size. However, Hawaii is one of the few states without such a program. According to a 2005 survey of people with disabilities not in the labor force in Hawaii, they would welcome the Medicaid Buy-in option. About 70% of respondents said they would sign up for a Medicaid premium sharing program that would allow for work without losing healthcare benefits (<http://hireabilitieshawaii.org/the-medicaid-buy-in-program/>).

II.D. Housing Profile

Housing in Hawaii is the country's most expensive and least affordable to either buy or rent, which is particularly significant for people with disabilities who tend to have substantially lower incomes than people without disabilities. A Coldwell Banker report issued in November 2015 stated that the average listing price for a four-bedroom, two-bath home in Hawaii was \$654,648, which is about 20% higher than the second highest average price of \$524,844, for Massachusetts (Moriki, 2015). The high cost of buying a house is associated with exceptionally high rental rates as well, as will be discussed further below. As described in preceding sections, people with disabilities tend to be employed at lower rates and to earn less than people without disabilities. As a result, people with disabilities are less likely to be able to afford appropriate housing and more likely to be homeless (homelessness is discussed in more detail in *II.E.a The Homeless Population*).

The most basic housing data are those on the number of units. As summarized in Table 11 showing number of units at five-year intervals from 2000 to 2015, the statewide number increased by 15.3% to over 530,000 units. The increase for Honolulu County was just 8.8%, reflecting the scarcity of available land zoned for development and resulting high land prices (Cassidy, 2014). By contrast, there were much greater increases in the number of housing units over the 15 years on the less crowded Neighbor Islands, at 36.5% for Hawaii County, 20.2% for Kauai County, and 26.3% for

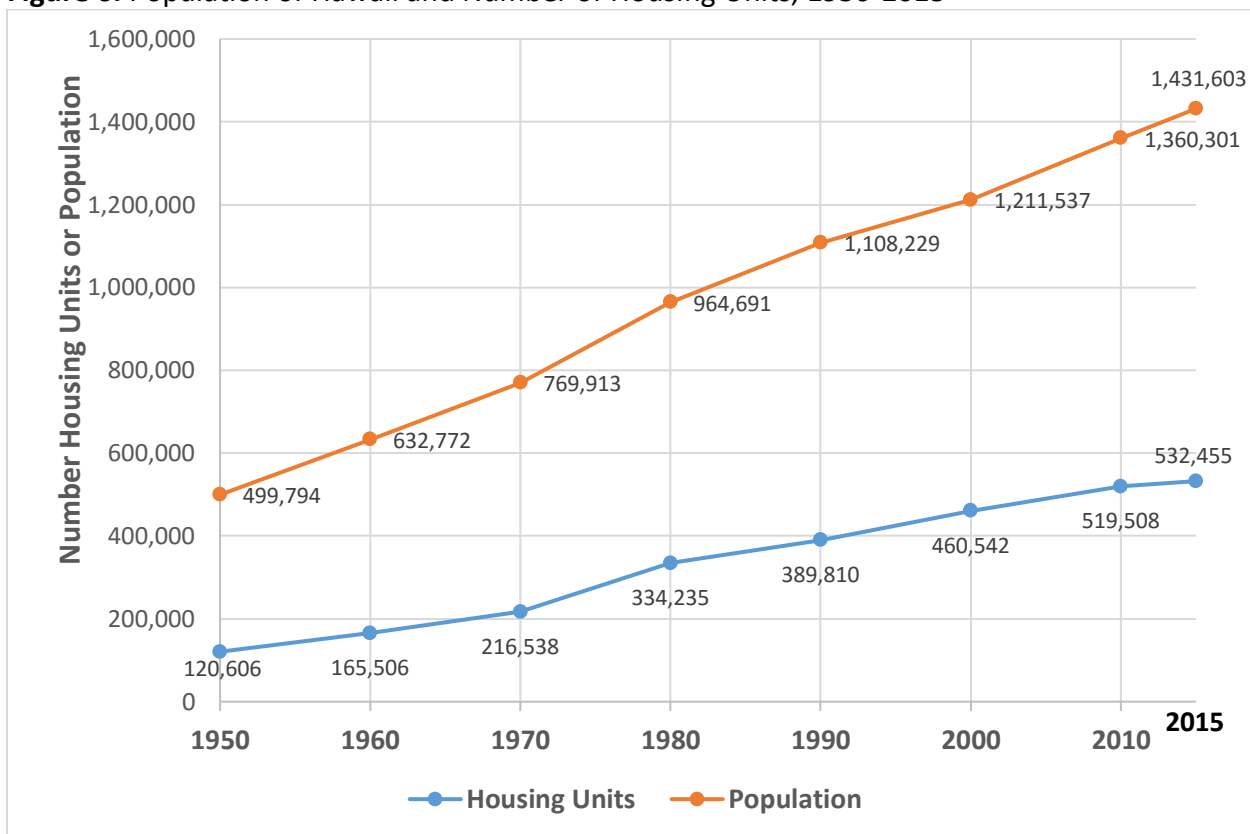
Maui County. The rate of increase in housing units was lower for each succeeding five-year period for all the counties, with the exception of Kauai County's increase of 10.3% from 2005 to 2010.

Table 11. Increase in Housing Units for State of Hawaii and Its Counties, 2000-2015

	State of Hawaii	Honolulu County		Hawaii County		Kauai County		Maui County	
Year	#	#	% of State	#	% of State	#	% of State	#	% of State
2000	461,646	316,367	68.5%	63,022	13.7%	25,380	5.5%	56,877	12.3%
2005 (% Increase)	491,559 (6.5%)	327,967 (3.7%)	66.7%	72,511 (15.1%)	14.8%	27,115 (6.8%)	5.5%	63,966 (12.5%)	13.0%
2010 (% Increase)	519,969 (5.8%)	337,032 (2.8%)	64.8%	82,462 (13.7%)	15.9%	29,908 (10.3%)	5.8%	70,567 (10.3%)	13.6%
2015 (% Increase)	532,455 (2.5%)	344,108 (2.1%)	64.6%	86,009 (4.3%)	16.2%	30,503 (2.0%)	5.7%	71,835 (1.8%)	13.5%
% Increase 2000-2015	15.3%	8.8%		36.5%		20.2%		26.3%	

Source: Hawaii Department of Business, Economic Development and Tourism (2016d, Table 21.20)

Figure 6. Population of Hawaii and Number of Housing Units, 1950-2015



Source: US Census Bureau (2012, Table 1, page 1); Hawaii Department of Business, Economic Development and Tourism (2016b)

Figure 6 shows the increase in the state population and number of housing units from 1950 through 2015. The diverging slopes of the two lines clearly indicate that housing unit numbers have increased at a slower pace than the population. According to the Hawaii Community Development Authority (2015), the number of building permit approvals peaked in the 1970s and has been trending downward ever since to well below the levels needed. In 2014 over 6,500 new households were formed in Hawaii but there were only about 800 housing starts. Years of lagging construction have resulted in a growing housing shortage and prices that are increasingly out of the reach of many of Hawaii's residents (Cassidy, 2014; Fergusson, 2014).

Table 12. Hawaii Housing Stock Characteristics, by County, Average over Period 2009-2013

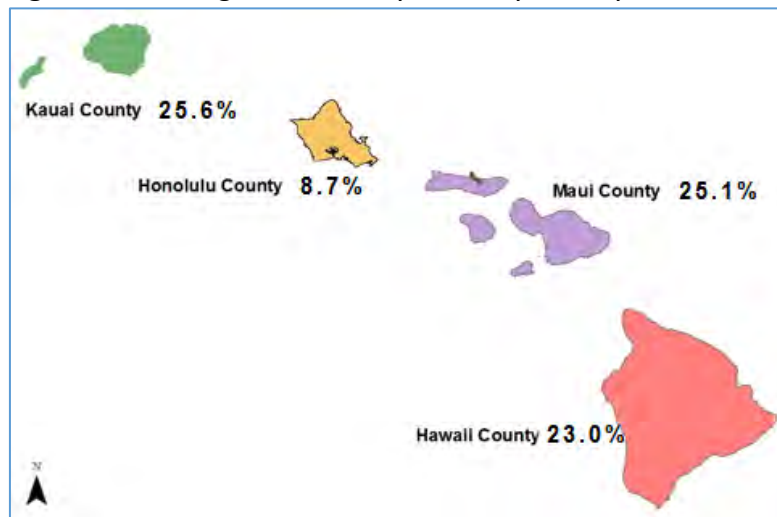
Housing Characteristic	State of Hawaii	Honolulu County		Hawaii County		Kauai County		Maui County	
	#	#	% State	#	% State	#	% State	#	% State
ALL UNITS	522,164	338,266	64.8%	83,337	16.0%	29,972	5.7%	70,589	13.5%
Occupied and Vacant Units									
Occupied (% of All Units)	449,771 (86.1%)	309,803 (91.6%)	68.9%	64,909 (78.0%)	14.4%	22,390 (74.7%)	5.0%	52,669 (74.6%)	11.7%
Vacant (% of All Units)	72,393 (13.9%)	28,463 (8.4%)	39.3%	18,333 (22.0%)	25.3%	7,582 (25.3%)	10.5%	18,015 (25.5%)	24.9%
Units in Structure									
1 Unit, Detached (% of All Units)	282,085 (54.0%)	155,610 (46.0%)	55.2%	65,317 (78.4%)	23.2%	20,955 (69.9%)	7.4%	40,203 (57.0%)	14.3%
1 Unit, Attached (% of All Units)	40,183 (7.7%)	32,770 (9.7%)	81.6%	1,926 (2.3%)	4.8%	1,419 (4.7%)	3.5%	4,068 (5.8%)	10.1%
2 Units (% of All Units)	14,956 (2.9%)	8,273 (2.4%)	55.3%	1,831 (2.2%)	12.2%	1,430 (4.8%)	9.6%	3,422 (4.8%)	22.9%
3 or More Units (% of All Units)	184,144 (35.3%)	141,292 (41.8%)	76.7%	13,982 (16.8%)	7.6%	6,079 (20.3%)	3.3%	22,791 (32.3%)	12.4%
Mobile Units* (% of All Units)	796 (0.2%)	321 (0.1%)	40.3%	281 (0.3%)	35.3%	89 (0.3%)	11.2%	105 (0.1%)	13.2%
Median # of Rooms	4.6	4.7		4.7		4.7		4.1	
% with >1.5/Room	3.1%	3.0%		3.0%		2.7%		4.0%	
Age of Structure									
Built 2010 or Later	0.7%	0.7%		0.6%		0.6%		0.4%	
Built 2000 to 2009	13.2%	10.8%		20.7%		12.3%		16.5%	
Built 1990 to 1999	14.8%	12.8%		18.9%		20.6%		17.0%	
Built 1940 to 1989	67.7%	72.2%		55.2%		63.1%		63.0%	
Built Before 1940	3.6%	3.5%		4.6%		3.5%		3.0%	
Time Period When Householder Moved into Unit									
Moved in 2010 or Later	17.9%	18.5%		15.1%		16.2%		18.6%	
Moved in 2000 to 2009	43.2%	42.5%		45.2%		39.7%		46.6%	
Moved in 1990 to 1999	15.9%	15.1%		18.3%		20.2%		15.8%	
Moved in Before 1990	23.0%	23.9%		21.4%		23.9%		19.1%	
Structures Lacking Essential Components									
Incomplete Plumbing	0.8	0.5%		2.1%		1.7%		1.1%	
Incomplete Kitchen	1.8	1.6%		2.7%		1.3%		2.3%	
No Telephone Service	2.4	2.2%		2.2%		4%		3.1%	

* Mobile units include mobile homes, boats, recreational vehicles, vans, etc.

Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 21.17)

Selected characteristics of Hawaii's housing stock by county are provided in Table 12, based on annual American Community Survey data averaged over 2009-2013. The detached single family home is the most common structure statewide, at 54.0% of all structures. This rate is much lower, at 46.0%, for Honolulu County where multiple unit structures, especially condos, predominate due to land constraints. Hawaii County, with its low population density, has the highest rate of detached homes at 78.4%, followed by Kauai at 69.9% and Maui at 57.0%. The vacancy rates for owner and rental units combined are also shown for each county in Figure 7.

Figure 7. Housing Unit Vacancy Rates by County



Source: US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates; map created by University of Hawaii Center on Disability Studies

Much of Hawaii's housing stock can be considered to be on the old side, with about two-thirds of units built before 1990, although this rate is in line with national averages. Only about 1-2% of structures lack modern amenities such as complete plumbing, complete kitchens, or telephone service. The predominance of pre-1990 housing stock is significant for people with disabilities who need accessible housing features, because the accessibility requirements of the Fair Housing Act apply only to "covered multifamily dwellings" constructed for first occupancy after March 13, 1991. A large proportion of housing in the urban Honolulu area in particular consists of low-rise walk-up apartment complexes built before 1990. Such housing tends to be among the most affordable available but generally lacks elevators, wheelchair ramps, accessible bathrooms, and other features that might be needed by people with mobility impairments.

An indicator of overcrowding in housing is the percentage of occupied units with 1.01 or more occupants per room. In 2013, Hawaii ranked #1 in the nation with 8.8% of households statewide residing in such conditions (Cassiday, 2014). Table 12 also provides data for severe overcrowding, defined as 1.51 or more occupants per room, with the statewide rate being 3.1% of housing units. The overcrowding rate is even worse when the relatively small size of housing structures in Hawaii is taken into account. For example, for condominium units on Oahu, about 76% are under 1,250 square feet in size, 13% are 1,250 - 1,500, 7% are 1,500 - 1,750, 3% are 1,750 - 2,000, and 1% are over 2,000 square feet (Cassiday, 2014).

A breakdown of Hawaii's housing stock according to whether units are owned or rented is provided in Table 13. According to the 2010 US Census, 57.7% of occupied units are owner-occupied and 42.3% are renter-occupied statewide. Hawaii County differs the most from the state averages, with 66.0% of units owner-occupied and 34.0% renter-occupied, reflecting the high proportion of detached single-family units in its housing stock that are more affordable to own

compared to the other counties. Of the vacant units statewide, the biggest category, at 46.9%, consists of second homes, timeshares, and other units for seasonal, recreational, or occasional use.

Table 13. Hawaii Housing Stock Unit Numbers and Occupancy, by County, 2010

Occupancy Status	State of Hawaii	Honolulu County		Hawaii County		Kauai County		Maui County	
	#	#	% of State	#	% of State	#	% of State	#	% of State
ALL HOUSING UNITS	519,508	336,899	64.8%	82,324	15.8%	29,793	5.7%	70,492	13.6%
OCCUPIED UNITS	455,338	311,047	68.3%	67,096	14.7%	23,240	5.1%	53,955	11.8%
Owner-Occupied (% of Occupied Units)	262,682 (57.7%)	174,387 (56.1%)	66.4%	44,271 (66.0%)	16.9%	13,968 (60.1%)	5.3%	30,056 (55.7%)	11.4%
Average Household Size	3.02	3.11		2.69		2.96		3.02	
Family Households	198,891	134,249	67.5%	31,369	15.8%	10,754	5.4%	22,519	11.3%
Husband-Wife Family	155,722	104,825	67.3%	24,627	15.8%	8,443	5.4%	17,827	11.4%
Other Family	43,169	29,424	68.2%	6,742	15.6%	2,311	5.4%	4,692	10.9%
Nonfamily Households	63,791	40,138	62.9%	12,902	20.2%	3,214	5.0%	7,537	11.8%
Renter-Occupied (% of Occupied Units)	192,656 (42.3%)	136,660 (43.9%)	70.9%	22,825 (34.0%)	11.8%	9,272 (39.9%)	4.8%	23,899 (44.3%)	12.4%
Average Household Size	2.72	2.75		2.73		2.64		2.57	
Family Households	115,016	83,593	72.7%	13,038	11.3%	5,393	4.7%	12,992	11.3%
Husband-Wife Family	74,354	56,347	75.8%	7,207	9.7%	3,211	4.3%	7,589	10.2%
Other Family	40,662	27,246	67.0%	5,831	14.3%	2,182	5.4%	5,403	13.3%
Nonfamily Households	77,640	53,067	68.4%	9,787	12.6%	3,879	5.0%	10,907	14.0%
VACANT UNITS	64,170	25,852	40.3%	15,228	23.7%	6,553	10.2%	16,537	25.8%
For Rent	16,441	8,633	52.5%	2,995	18.2%	1,312	8.0%	3,501	21.3%
Rented, Not Occupied	954	625	65.5%	101	10.6%	61	6.4%	167	17.5%
For Sale Only	4,277	1,941	45.4%	1,338	31.3%	251	5.9%	747	17.5%
Sold, Not Occupied	1,151	645	56.0%	289	25.1%	51	4.4%	166	14.4%
Short-term*	30,079	8,799	29.3%	7,135	23.7%	4,172	13.9%	9,973	33.2%
All Other Vacant Units	11,268	5,209	46.2%	3,370	29.9%	706	6.3%	1,983	17.6%

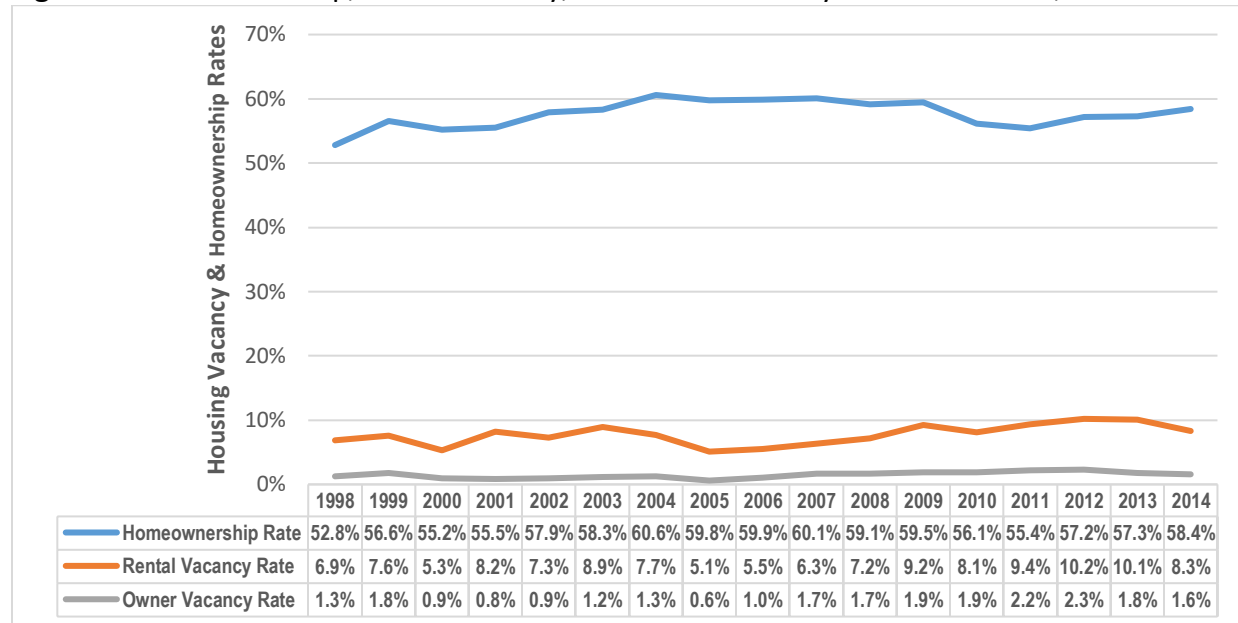
* Units for seasonal, recreational, or occasional use

Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 21.16)

Figure 8 illustrates how the rates of homeownership, rental unit vacancies, and owned unit vacancies have changed from 1998 to 2014. Given Hawaii's status as the state with the most expensive real estate and highest cost of living, it is not surprising that it is also has the lowest homeownership rate. The homeownership rate was on an upward trend until the effects of the Great Recession led to a very substantial drop from the high of 60.1% in 2007 to 55.4% in 2011, after which the rate has been rising again. The chart indicates that the Great Recession also led to a substantial increase in housing vacancy rates. The lowest rental vacancy rate in the period was 5.1% in 2005, which then increased each year (with the exception of 2010) to a high of 10.2% in 2012, after which the rate fell to 8.3% in 2014. Vacancy rates for owner-occupied units showed a similar pattern, moving from a low 0.6% in 2005 to a high of 2.3% in 2012 before dropping down to 1.6% by 2014. These vacancy rate patterns presumably reflect the impacts of job losses during the Great Recession that made it difficult or impossible for many households to pay their rent or

mortgage on time. Vacancy rates are a key factor determining the availability of affordable housing, because when vacancy rates go down both rents and purchase prices tend to go up due to increased demand. Units tend to be most available at higher cost levels and least available at lower cost levels.

Figure 8. Homeownership, Rental Vacancy, and Owner Vacancy Rates for Hawaii, 1998-2014



Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 21.23)

II.D.1. Housing Market Impacts of the Military, Tourism, and Out-of-State Investors

As described in *II.A. Demographic Data with Focus on People with Disabilities*, tourists and military personnel and their dependents comprise a substantial proportion of people staying in Hawaii on any given day. Some indicators of how they impact the housing market are discussed below, followed by consideration of the impact of real estate investments by wealthy individuals from outside Hawaii.

II.D.1.a. Housing Market Impacts of Military Personnel

Across the country, military personnel often seek off-base housing in the surrounding community due to insufficient, inappropriate, or dilapidated on-base units for their rank. In Hawaii, Honolulu County in particular is affected because it hosts nearly all of the state's military personnel. Although hard data on the numbers involved are not available, it has been estimated that at least 22,000 personnel and their dependents live off-base in at least 5,500 rental units on Oahu (Pape, 2015b). Because military personnel living off-base represent only a small proportion of Oahu's resident population, economist Paul Brewbaker has stated, "I would say that their numbers are insufficient to represent a per se distorting influence on home prices or rents in general" (Fergusson, 2014). He said that their impact on home prices might be more significant than on rents because retired military personnel who buy property in Hawaii are advantaged by a variety of benefits, such as not needing to make a down payment when financing through Veterans Affairs Home Loans. Others, however, have argued that the military presence is a substantial contributor to high rent levels because the military branches provide monthly basic housing allowances that

are set slightly higher than actual costs in order to ensure that personnel can obtain suitable housing (Pape, 2015b). These allowances are based on median current market rents, average utilities, and average renter's insurance in the local civilian housing market. In 2015 for Honolulu County, these allowances ranged from \$2,190 without dependents to \$2,922 with three dependents for the lowest enlisted rank, and from \$3,858 to \$4,347 for the highest officer rank (Hawaii Department of Business, Economic Development and Tourism, 2015b, Table 10.29). It is believed that some landlords are aware of the allowance amounts, which enables them to raise rents to match, and they may also give preference to renting to military personnel because any problems with tenant behavior or rent payments may be taken up with their superiors (Pape, 2015b).

II.D.1.b. Housing Market Impacts of Tourists

Whatever impact the military may have on the housing market, it is widely acknowledged that tourism's influence is substantially greater. Table 14 shows the accommodations where arriving visitors reported they would be staying in 2014. International visitors reported staying at hotels at a much higher rate (81.3%) than domestic visitors (54.7%), while domestic visitors reported staying at all other accommodation categories at higher rates than international visitors. Rental houses (used by 6.8% of all visitors) and bed-and-breakfasts (1.0%) are notable for often being potential residential rental units that are instead used to house tourists who are willing to pay a premium price to visit Hawaii. Although this use of private housing has occurred for decades, by all accounts it has increased substantially in recent

Table 14. Accommodations of Visitors to Hawaii, 2014

	Domestic	International	Total
All Visitors	5,473,388	2,710,283	8,183,671
Accommodations			
Hotel (43,575 Units) (% of All Visitors)	2,995,796 (54.7%)	2,202,203 (81.3%)	5,197,999 (63.5%)
Hotel Only (% of All Visitors)	2,496,876 (45.6%)	2,062,386 (76.1%)	4,559,262 (55.7%)
Condo Hotel (10,560 Units) (% of All Visitors)	1,084,801 (19.8%)	355,028 (13.1%)	1,439,829 (17.6%)
Condo Hotel Only (% of All Visitors)	847,154 (15.5%)	273,984 (10.1%)	1,121,138 (13.7%)
Timeshare (10,647 Units) (% of All Visitors)	651,508 (11.9%)	113,334 (4.2%)	764,842 (9.3%)
Timeshare Only (% of All Visitors)	499,892 (9.1%)	86,174 (3.2%)	586,066 (7.2%)
Rental House (% of All Visitors)	482,784 (8.8%)	69,987 (2.6%)	552,771 (6.8%)
Bed & Breakfast (% of All Visitors)	66,149 (1.2%)	15,589 (0.6%)	81,738 (1.0%)
Cruiseship (% of All Visitors)	112,686 (2.1%)	24,393 (0.9%)	137,079 (1.7%)
Friends, Relatives (% of All Visitors)	632,144 (11.5%)	78,320 (2.9%)	710,464 (8.7%)

Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 7.10); Kloninger & Sims Consulting (2016, Figure 2, page 6)

years as websites enable easy connections between visitors and owners. This increase is reflected in growing complaints that housing prices and rents are rising for Hawaii's residents as more units are switched to vacation rentals; that there is increased traffic and harder-to-find parking in affected neighborhoods; and that many owners fail to pay the transit accommodation tax as well as the general excise and income taxes due on their increased incomes (Cocke, 2014).

Each county has its own regulations concerning private visitor accommodations, with Honolulu, Kauai, and Maui requiring owners or lessees to obtain a permit and only Hawaii allowing them to

operate without one. An undetermined but large number of units in the first three counties lack permits and are considered illegal and subject to fines, although in practice relatively few individuals are caught and charged (Cocke, 2014). Insight into the extent of this “hidden” alternative accommodations market is provided by a study by SMS Research and Marketing Services (2014). Vacation rentals advertised on the AirBnB, VRBO (Vacation Rentals by Owner), Clearstay, and TripAdvisor websites were tallied and found to comprise about 4.6% of Hawaii’s housing stock with a total of 22,238 units. This number is higher than that of condo hotel units and timeshare units combined, and just over half the number of hotel units (as shown in Table 14). The study’s findings are summarized in Table 15, which depicts an interesting pattern in which advertised vacation rentals are much less common on Oahu compared to the Neighbor Islands. Oahu, with its numerous hotels concentrated in the tourist magnet of Waikiki, was found to have only about 1.4% of its housing stock advertised online, compared to a range of 6.1% (Hawaii) to 13.6% (Maui) for the Neighbor Islands (with the exception of Lanai, which is almost entirely privately owned, at 1.4%). Both Hawaii and especially Maui had more advertised units than Oahu. In March 2016, AirBnB reported that it had about 10,000 active listings in Hawaii, with over 60% being for space in the host’s primary residence (Gill, 2016a, 2016b).

Table 15. Number of Individually Advertised Vacation Rental Units in 2014, by Island

Island	Hawaii	Kauai	Lanai	Maui	Molokai	Oahu	TOTAL
# of Individually Advertised Units	4,986 (22.4%)	3,614 (16.3%)	22 (0.1%)	8,840 (39.8%)	365 (1.6%)	4,411 (19.8%)	22,238 (100%)
% of Island’s Housing Units	6.1%	12.6%	1.4%	13.6%	11.0%	1.4%	4.6%
Total Estimated # of Bedrooms	11,155 (25.6%)	7,466 (17.2%)	57 (0.1%)	15,113 (34.7%)	605 (1.4%)	9,103 (20.9%)	43,499 (100%)
Estimated # of Visitors Who Could Be Accommodated	28,106 (23.9%)	19,481 (16.6%)	133 (0.1%)	43,877 (37.3%)	1,676 (1.4%)	24,334 (20.7%)	117,607 (100%)

Source: SMS Research and Marketing Services, Inc. (2014, Table 1, page 3, and Table 2, page 4)

II.D.1.c. Housing Market Impacts of Home Buyers from Outside Hawaii

Real estate investments by individuals from outside Hawaii is another factor that is often cited as having a noticeable impact on the state’s housing market. Hawaii attracts outside investors not only because of its fine weather and scenic beauty, but also because it has the lowest property taxes of any state and housing values reliably appreciate almost every year (Kiernan, 2016; Pape, 2015a). Table 16 summarizes the most recently available data, as of 2010 when about 12.2% of the state’s housing units had out-of-state owners. The great majority of out-of-state owners reside elsewhere in the US (owning 11.3% of all housing units) with relatively few living in other countries (owning 0.9% of all units). Out-of-staters are much more likely to own condominium units (owning 23.1% of all units) compared to single family units (owning 7.3% of all units). Again, as for vacation rentals, there are distinct differences between islands, with the non-metropolitan counties tending to have much higher out-of-state ownership levels. This holds especially for condominiums, with exceptionally high levels of out-of-state ownership of 73.5% for Kauai, 49.2% for Hawaii, and 45.3% for Maui, compared to 15.4% for Honolulu. It is widely agreed that a large, but unknown, proportion of these units would be available for the rental and purchase markets if they were locally

Table 16. Out-of-State Ownership of Housing Units in Hawaii, 2010

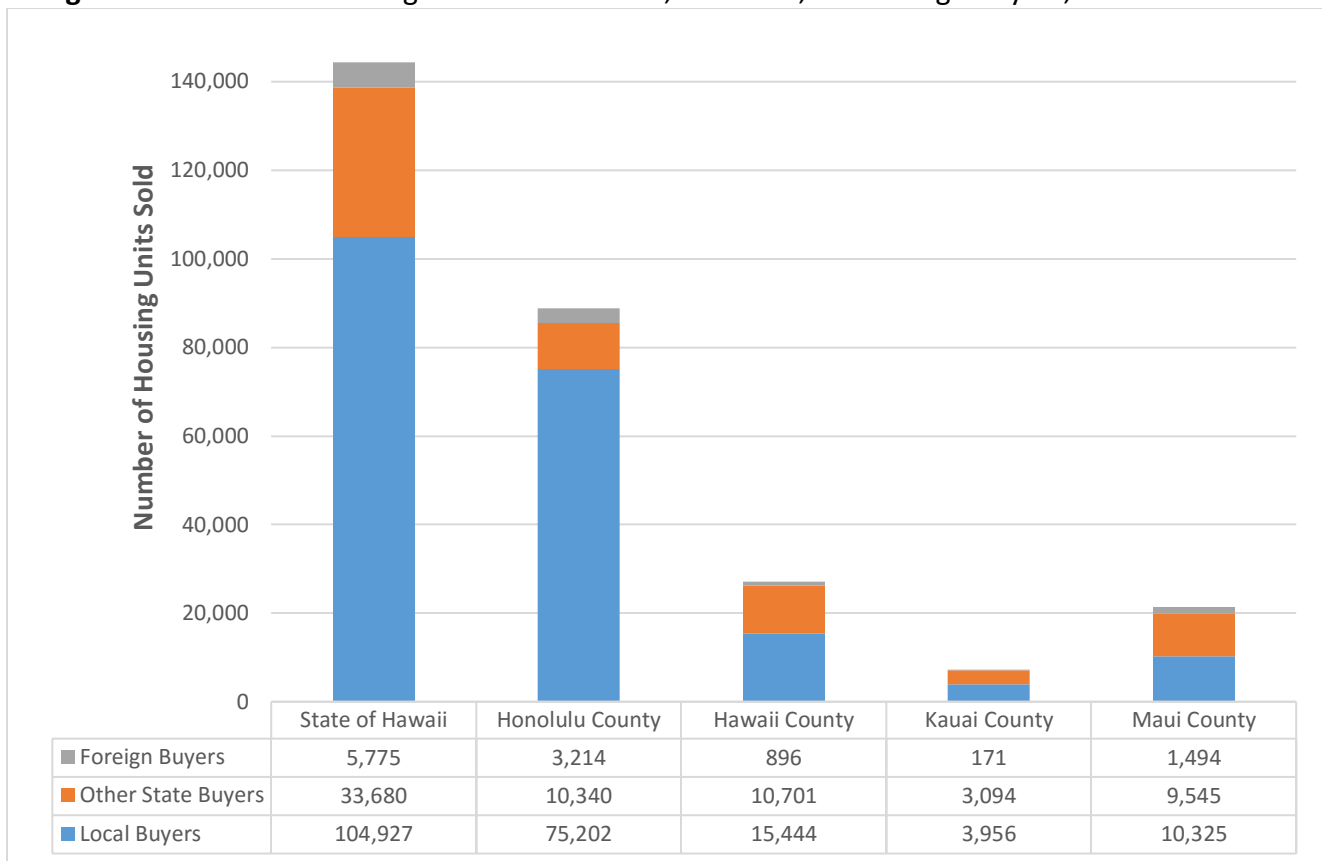
Housing Unit Type	State of Hawaii	Honolulu County	Hawaii County	Kauai County	Maui County
Total All Housing Units	416,399	265,878	72,738	26,720	53,244
Owner in Other US State (% of All Housing Units)	46,904 (11.3%)	20,256 (7.6%)	12,214 (16.8%)	5,606 (21.0%)	8,828 (16.6%)
Owner in Other Country (% of All Housing Units)	3,863 (0.9%)	2,206 (0.8%)	727 (1.0%)	138 (0.5%)	792 (1.5%)
Total Owner Out-of-State (% of All Housing Units)	50,767 (12.2%)	22,462 (8.4%)	12,941 (17.8%)	5,744 (21.5%)	9,620 (18.1%)
Total Single Family Units	288,343	165,440	60,658	22,703	41,723
Owner in Other US State (% of Single Family Units)	20,164 (7.0%)	6,668 (4.0%)	6,636 (10.9%)	2,728 (12.0%)	4,132 (9.9%)
Owner in Other Country (% of Single Family Units)	986 (0.3%)	286 (0.2%)	367 (0.6%)	65 (0.3%)	268 (0.6%)
Total Owner Out-of-State (% of Single Family Units)	21,150 (7.3%)	6,954 (4.2%)	7,003 (11.5%)	2,793 (12.3%)	4,400 (10.5%)
Total Condominium Units	128,056	100,438	12,080	4,017	11,521
Owner in Other US State (% of Condominium Units)	26,740 (20.9%)	13,588 (13.5%)	5,578 (46.2%)	2,878 (71.6%)	4,696 (40.8%)
Owner in Other Country (% of Condominium Units)	2,877 (2.2%)	1,920 (1.9%)	360 (3.0%)	73 (1.8%)	524 (4.5%)
Total Owner Out-of-State (% of Condominium Units)	29,617 (23.1%)	15,508 (15.4%)	5,938 (49.2%)	2,951 (73.5%)	5,220 (45.3%)

Source: SMS Research & Marketing Services, Inc. (2011b, Table 1A-25, page 48)

Table 17. Average Sale Price of Housing Units, by County and Location of Buyer, 2008-2015

Area	Average Sale Price of Housing Units Purchased By:			
	All Buyers	Local Buyers	Other US Buyers	Foreign Buyers
All Housing Units				
Statewide	\$521,373	\$477,460	\$612,770	\$786,186
Honolulu County	\$540,207	\$521,441	\$593,744	\$807,064
Hawaii County	\$382,533	\$276,283	\$518,693	\$587,759
Kauai County	\$555,767	\$437,109	\$707,329	\$558,565
Maui County	\$607,232	\$473,505	\$708,202	\$886,329
Single-family Homes				
Statewide	\$622,290	\$578,804	\$741,119	\$1,173,527
Honolulu County	\$768,989	\$732,847	\$1,036,363	\$1,921,301
Hawaii County	\$370,078	\$276,609	\$531,111	\$566,080
Kauai County	\$622,018	\$474,538	\$902,293	\$807,554
Maui County	\$666,357	\$531,587	\$892,328	\$1,607,872
Condominiums				
Statewide	\$431,931	\$375,917	\$518,593	\$698,098
Honolulu County	\$404,545	\$381,701	\$426,952	\$699,897
Hawaii County	\$425,282	\$274,242	\$493,876	\$614,042
Kauai County	\$474,638	\$365,903	\$560,332	\$449,763
Maui County	\$556,317	\$367,152	\$625,355	\$744,794

Source: Hawaii Department of Business, Economic Development and Tourism (2016c, Tables A-4, A-6, A-8)

Figure 9. Number of Housing Units Sold to Local, Other US, and Foreign Buyers, 2008-2015

Source: Hawaii Department of Business, Economic Development and Tourism (2016c)

owned, rather than often being used by out-of-state owners for vacation rentals or remaining vacant except for when owners spend time in Hawaii (Pape, 2015a).

Figure 9 summarizes data on home sales from 2008 through 2015. Of the nearly 140,000 housing units sold, 72.5% were to Hawaii residents, 23.5% to residents of other states in the US (with nearly four out of 10 buyers residing in California), and 4% to foreigners (with about eight out of 10 buyers being from Canada or Japan). These sales show a similar pattern across the counties as for housing ownership depicted in Table 16, with Honolulu having by far the lowest overall rate of out-of-state buyers at 15.3% compared to 42.9% for Hawaii County, 45.2% for Kauai, and 51.7% for Maui.

Another notable characteristic of out-of-state buyers is that they tend to be financially well off and to purchase units at the higher cost end. Table 17 shows the average prices paid by different categories of buyer for single family homes and condominiums, by county, with foreign buyers tending to pay more than buyers from other US states who in turn tend to pay more than local buyers (although US buyers pay more on average than foreign buyers on Kauai). The willingness

of many out-of-state buyers to pay top dollar is considered to be one of the drivers boosting Hawaii's housing prices and keeping them high, although some analysts have compiled data suggesting that price inflation in high-end housing has only minimal effect on low-end prices (for example, Alamo & Uhler, 2015).

II.D.2. Future Housing Needs

A study by the Hawaii Department of Business, Economic Development and Tourism (2015a) estimated that nearly 65,000 new housing units will be required to match projected population growth over the period 2015 to 2025. As shown in Table 18, most of the population growth and increase in needed units are expected to occur in the less crowded non-metropolitan counties. Hawaii County's population is expected to grow by 29%, Maui's by 25%, and Kauai's by 19%, compared to only 8% for Honolulu.

Table 18. Projected Growth in Population and Need for New Housing Units, 2015 to 2025

	State of Hawaii	Honolulu County	Hawaii County	Kauai County	Maui County
% Population Growth 2015-2025	14%	8%	29%	19%	25%
# New Units Required by 2025	64,693	25,847	19,610	5,287	13,949

Source: Hawaii Department of Business, Economic Development and Tourism (2015a, page 3)

Of particular relevance for this disability oriented Analysis of Impediments are projections indicating that the current trend towards a more elderly population will accelerate, and will do so in Hawaii at a faster rate than elsewhere in the country, leading to Hawaii being described as experiencing a “silver tsunami” (Webster, 2015). This trend is depicted in Figure 10, which is based on US Census data through 2010 and projections through 2040 by the Hawaii Department of Business, Economic Development and Tourism (2012). The most dramatic change is for the 85 year old and over group, which increased by 3.8 times from 1980 to 2010 and is projected to increase another 2.4 times from 2010 to 2040. Significant increases are also evident for the 65-84 year old group, by 1.7 times from 1980 to 2010 with a projected increase of another 1.5 times from 2010 to 2040. The adult population of prime working age, 25-64 years, increased by 1.1 times from 1980 to 2010 and is projected to decrease by 1.2 times from 2010 to 2040. The increase in the senior proportion from 1980 to 2010 was accompanied by a substantial decrease in the 0-24 year old group of 1.4 times, although there is virtually no projected change for the youth group from 2010 to 2040.

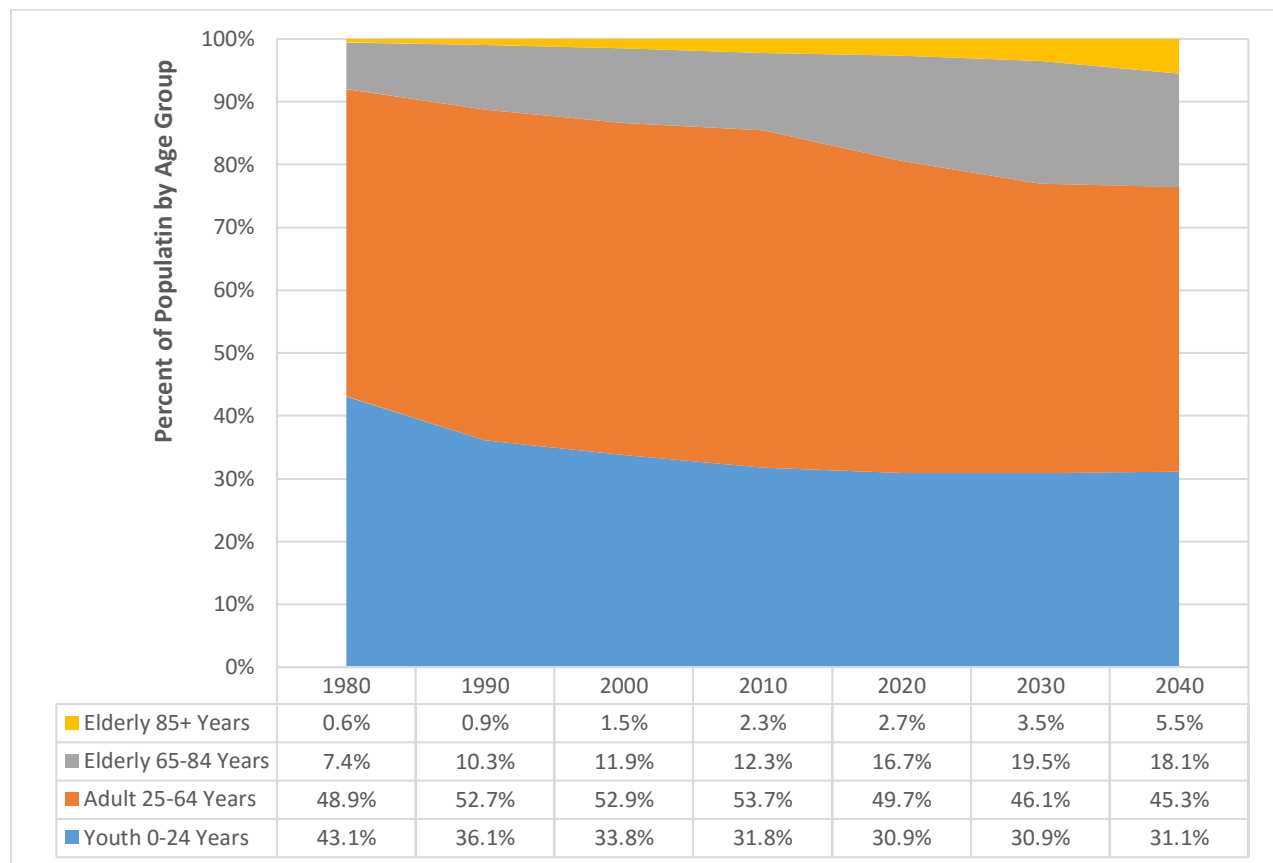
This ongoing aging of the post-World War II “baby boom” generation and increases in life expectancy will be accompanied by higher numbers of residents with mobility, cognitive, and sensory disabilities. Many of those affected will have needs for accessible housing and/or housing located close to essential medical and other services (see *II.D.8. Housing for Seniors and Frail Elders* below for further discussion). Another critical issue that is emerging as Hawaii's age structure shifts is that this will contribute to budget crunches for State and County governments. As summarized by Hollier (2015), this is because:

- ❖ Senior needs for public services will increase. For example, Hawaii's Medicaid program (known as Med-QUEST, which pays for many services for low-income individuals including seniors), comprised about 15.5% of the State government budget in 2014 (National Association of State Budget Officers, 2015), but is projected to increase to at least 20% by 2024.
- ❖ Increasing obligations to cover public worker retiree pensions and medical costs will outstrip new contributions to retirement funds. For example, about 20 years ago there were about three active State government employees per one retiree, but in a few years this ratio

will approach one-to-one because at least 15,000 of the current 67,000 employees are already eligible to retire.

- ❖ Income tax collections are likely to fall because retirees typically have no or very little taxable income (Social Security, government pensions, some private pensions, and retired military pay are all tax exempt). For example, a national study found that people aged 45-54 years had an average state income tax liability of \$1,431 while for those over 75 years it was only \$272.
- ❖ Excise tax collections are likely to fall because seniors typically have less disposable income to spend on goods and services than when they were younger. For example, more than 35% of Hawaii's elders rely on Social Security for more than 90% of their income and therefore live below or close to the poverty line.
- ❖ Property tax collections by counties are likely to fall because all counties offer property tax exemptions for a uniform set of disabling conditions that affect people at increasing rates as they age. The qualifying categories include deafness, blindness, being totally disabled, Hansen's disease, and totally disabled veterans. In addition, some counties provide exemptions specifically for seniors. For example, Honolulu County's basic exemption for a person's principal home is \$80,000 but this increases to \$120,000 for those over 65.

Figure 10. Changes in Age Structure of Hawaii's Resident Population, 1980 Projected to 2040



Source: Hawaii Department of Business, Economic Development and Tourism (2012, Table A-7)

II.D.3. Housing Affordability

II.D.3.a. Overview of Housing Affordability

As detailed in earlier sections, people with disabilities tend to be employed at substantially lower rates and have lower annual incomes, on average, compared to those without disabilities, making the affordability of housing a particularly important topic for many of them (Cooper, *et al.*, 2015). Unfortunately, Hawaii is considered to have the least affordable housing market in the country.

Assessments of housing affordability are typically based on the Fair Market Rents (FMRs) that HUD establishes each year according to local market conditions. These conditions include the Area Median Income (AMI), which is set according to family size, varies by region, and is used to determine income cut-offs for affordable housing and public housing programs. FMRs are gross rent estimates that also include the cost of tenant-paid utilities such as water and electricity (not included are telephones, cable or satellite television service, and internet service). To help assure that a sufficient supply of rental housing is available to program participants, HUD sets FMRs at the 40th percentile rent (the dollar amount below which 40% of the standard-quality rental housing units are rented) (US Department of Housing and Urban Development, 2007). Table 19 shows the 2016 FMRs for the counties of Hawaii. Honolulu County with its low vacancy rates has substantially higher FMRs than the other counties, with Maui being slightly higher than Hawaii and Kauai.

Table 19. Fair Market Monthly Rents (FMRs) at 40th Percentile Rent Level for 2016, by County

Jurisdiction	Efficiency Apartment	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Honolulu County	\$1,334	\$1,507	\$1,985	\$2,893	\$3,140
Hawaii County	\$808	\$966	\$1,194	\$1,576	\$2,013
Kauai County	\$776	\$1,007	\$1,238	\$1,620	\$1,910
Maui County	\$912	\$1,016	\$1,286	\$1,874	\$2,058

Source: US Department of Housing and Urban Development (2015a, pages 77142-77143)

According to the National Low Income Housing Coalition (2015), Hawaii leads the nation in the average hourly wage a household needs to afford the two-bedroom apartment FMR at \$31.61 per hour. This represents a gap of \$17.12 above Hawaii's average hourly wage of \$14.49. This gap is about twice as high as the next state on the list, Maryland, with a gap of \$8.93 per hour. In order to afford that two-bedroom FMR, a Hawaii family would have to earn \$65,746 per year, which would require working 4.1 full-time minimum-wage jobs. Hawaii also has one of the nation's lowest homeownership rates, at about 57%, which is attributable to so many residents being priced out of buying a home (Hawaii Appleseed Center for Law & Economic Justice, 2014).

Another key indicator of housing affordability is the number of "affordable and available" rental units per 100 households in each of several standard income categories based on percent of AMI. Like other housing affordability indicators, this one also shows that households in Hawaii are much less likely to be able to find affordable housing compared to the rest of the nation. According to 2014 data summarized in Table 20, Hawaii slightly exceeds the national average for affordable and available rental units per 100 households in the at or below 15% and 30% of AMI categories, but is well below the national average for higher income levels through 80% of AMI. Of particular note (in the rightmost column of the table) are the high proportions of Hawaii households in all

four income categories that are *severely housing cost burdened*, defined as spending more than 50% of their gross income on rent and utilities. The Federal affordability standard used by HUD is that no more than 30% of a household's gross income should need to be spent on housing. Whereas the national severe housing cost burden averages fall steeply across the income categories, from 90% for at or below 15% of AMI to 9% for between 50% and 80% of AMI, the decrease for Hawaii is from 90% to 30% (only 3% of Hawaii households above 80% of AMI are severely cost burdened). This reflects the overall severe lack of affordable and available housing units in Hawaii. For Hawaii to fully meet the housing needs of its lowest income households, it would need to add an estimated 22,005 affordable and available units for at or below 30% of AMI households and 11,765 for at or below 15% (National Low Income Housing Coalition, 2016).

Table 20. Affordability Indicators for Different Area Median Income (AMI) Categories, 2014

% of Area Median Income (AMI)*	Affordable and Available Units per 100 Households		Deficit of Units	% with Severe Housing Cost Burden	
	National	Hawaii	Hawaii	National	Hawaii
At or Below 15% of AMI	17	22	11,765	90%	90%
At or Below 30% of AMI	31	36	22,005	75%	71%
Between 30% and 50% of AMI	57	40		36%	59%
Between 50% and 80% of AMI	96	73		9%	30%

* Hawaii's 2014 AMI (https://www.huduser.gov/portal/datasets/il/il14/State_Incomelimits_Report.pdf) was \$77,167 for a family of four, with 80% of AMI at \$61,733, 50% at \$38,583, 30% at \$23,150, and 15% at \$11,575.

Source: National Low Income Housing Coalition (2016, Appendix A)

As stressed in a report entitled *Priced Out in 2014: The Housing Crisis for People with Disabilities* (Cooper, *et al.*, 2015), affordable housing is often beyond the financial reach of people with disabilities across the country who receive Supplemental Security Income (SSI). The situation in Hawaii is particularly bleak because it has the nation's highest rate by which the average rental for one-bedroom units is higher than monthly SSI payments, by 173%. The District of Columbia is next at 171% followed by Maryland at 146%, while the national average is 104% (Cooper, *et al.*, 2015). Table 21 summarizes the data for Hawaii and shows that people with disabilities are most challenged by high rents in Honolulu County where the percentage of SSI for a studio apartment is 175% (compared to 114% for the Neighbor Islands) and for a one-bedroom apartment is 191% (compared to 132% for the Neighbor Islands).

Table 21. Housing Affordability for People Receiving Supplemental Security Income (SSI), 2014

Statistical Area	SSI Monthly Payment	SSI as % of Median Income	% SSI for 1-Bedroom Apt.	% SSI for Studio Apt.
Honolulu	\$721	12.9%	191%	175%
Neighbor Islands	\$721	19.0%	132%	114%
Statewide	\$721	16.0%	173%	156%
National	\$750	20.1%	104%	90%

Source: Cooper, *et al.* (2015, Table 1, page 26)

The relationship between low incomes and housing struggles is illustrated in Table 22, which shows the percentages of owner and renter households of various types and having at least one member with mobility or self-care limitations that are experiencing *housing problems*. Housing

problems are defined by HUD as incomplete kitchen facilities, incomplete plumbing facilities, more than one person per room, and cost burden greater than 30% of income. As shown in Table 12, housing with incomplete kitchen or plumbing facilities is quite rare in Hawaii, so overcrowding and/or cost burden were being experienced by the great majority of the households shown in Table 22 as having housing problems. Three “gradients” of decreasing percentages of households with housing problems are evident in the table: according to *income*, from extremely low-income level (30% or less of AMI) to higher income level (over 80% of AMI); according to *age*, from one-to-two-person over-74-year-old households to one-to-two person 62-to-74-year-old households to all other households; and according to *occupancy status*, from renters to owners.

Table 22. Housing Problems for Households with Members with Mobility and Self-care Limitations, by Percent of Area Median Income, 2009-2013

Household % of AMI	Renters				Owners				Total Households
	Over 74 Years Old 1-2 Member Households	62-74 Years Old 1-2 Member Households	All Other Households	Total Renter Households	Over 74 Years Old 1-2 Member Households	62-74 Years Old 1-2 Member Households	All Other Households	Total Owner Households	
<=30% AMI	1,980	1,640	5,220	8,840	1,350	584	1,560	3,494	12,334
% with Problems	51.3%	63.4%	80.8%	71.0%	54.4%	81.3%	75.6%	68.4%	70.3%
>30% to <=50% AMI	940	690	3,115	4,745	1,570	710	1,670	3,950	8,695
% with Problems	68.6%	70.3%	80.7%	76.8%	27.7%	49.3%	74.3%	51.3%	65.2%
>50 to <=80% AMI	750	580	3,600	4,930	1,960	1,125	3,975	7,060	11,990
% with Problems	46.0%	50.0%	65.7%	60.9%	23.5%	41.8%	61.0%	47.5%	53.0%
>80% AMI	865	760	5,815	7,440	4,285	3,160	19,870	27,315	34,755
% with Problems	28.9%	15.1%	36.0%	33.1%	10.2%	18.8%	39.3%	32.4%	32.5%
TOTAL Households	4,535	3,670	17,750	25,955	9,165	5,579	27,075	41,819	67,774
% with Problems	49.7%	52.6%	63.1%	59.3%	22.5%	33.9%	46.8%	39.7%	47.2%

Source: HUD User Comprehensive Housing Affordability Strategy (CHAS) Data, based on 2009-2013 American Community Survey 5-Year Estimates (http://socds.huduser.gov/chas/CHAS_java.odt)

II.D.3.b. Projections of Future Housing Needs

Table 23 depicts the tremendous challenge faced by Hawaii in providing its residents with sufficient affordable housing. This table is based on the HUD guideline that housing development should be focused on affordable rentals for households under 80% of AMI and on affordable for-sales for households from 80% to 140% of AMI, with households over 140% of AMI expected to pay market rates. The projected total number of units that need to be built between 2014 and 2020 is over 64,000, of which about 27,200 (42.5%) are required for affordable rentals, about 16,500 (25.7%) for affordable for-sales, and about 20,400 (31.8%) for market rate for-sales.

Table 23. Projected Housing Need from 2014 to 2020 for State of Hawaii and Its Counties, by Percent of Area Median Income

% Area Median Income	State of Hawaii	Honolulu County		Hawaii County		Kauai County		Maui County	
	#	#	% of State	#	% of State	#	% of State	#	% of State
30% or less	8,138	4,076	50.1%	2,355	28.9%	330	4.1%	1,377	16.9%
30-50%	7,448	3,808	51.1%	2,017	27.1%	221	3.0%	1,402	18.8%
50-60%	4,629	2,415	52.2%	1,003	21.7%	462	10.0%	748	16.2%
60-80%	7,009	3,710	52.9%	1,657	23.6%	312	4.5%	1,330	19.0%
Affordable Rental Total	27,224	14,008	51.5%	7,033	25.8%	1,325	4.9%	4,857	17.8%
80-100%	6,252	3,217	51.5%	1,422	22.7%	526	8.4%	1,087	17.4%
100-120%	5,631	2,950	52.4%	1,292	22.9%	433	7.7%	956	17.0%
120-140%	4,623	2,448	53.0%	924	20.0%	361	7.8%	890	19.3%
Affordable For-Sale Total	16,506	8,615	52.2%	3,638	22.0%	1,320	8.0%	2,933	17.8%
Over 140% (Market)	20,373	8,573	42.1%	4,041	19.8%	1,555	7.6%	6,204	30.5%
TOTAL	64,103	31,197	48.7%	14,712	22.9%	4,200	6.6%	13,994	21.8%

Source: Hawaii Housing Finance and Development Corporation (2015b, page 19)

A similarly daunting summary of affordable housing needs specifically for Honolulu is found in the Oahu Islandwide Housing Strategy of the City and County of Honolulu (2015c). For the period 2012-2016, a total of 24,000 housing units were estimated to be needed to satisfy pent-up demand combined with new household formation, of which over 18,000 (75%) housing units were needed by households earning less than 80% of AMI. However, the possibility of meeting this demand was considered unlikely given that new housing permits in Honolulu County had averaged about 2,080 annually over the preceding five years, with most of those permits for homes constructed for higher income households paying market prices.

II.D.3.c. Strategies to Increase the Stock of Affordable Housing

To boost the construction of affordable housing, the Oahu Islandwide Housing Strategy proposes the following four primary components (for further details, see *IV.A.1.a. Accessory Dwelling Units (ADUs)* and *IV.A.2. Neighborhood Revitalization, Municipal and Other Services, Employment-Housing-Transportation Linkage*).

- ❖ **Affordable housing requirements** for housing developers will be revised to increase the percentage of units that need to be affordable at lower AMI levels and extend the number of years they must remain affordable.
- ❖ **Transit-oriented development** incentives for the planned 21 stations of the Honolulu High-Capacity Transit Corridor Project will include zoning and financial benefits that encourage developers to build more affordable housing.
- ❖ **Accessory dwelling unit (ADU)** construction will be promoted through updated zoning codes.
- ❖ **Financial incentives** will be offered to promote affordable housing construction, such as subsidies, lower sewer and park dedication fees, reduced property taxes, and reduced

parking requirements, while public-private partnerships will be formed to better utilize City and State properties and improve neighborhood infrastructure.

All four of these components are aimed at leveraging private sector resources, presumably because public sector resources are already fully used with little prospect of being significantly increased. However, there are substantial cost barriers that make it unlikely these strategies can greatly increase affordable housing. For example, with regard to building affordable multifamily rental projects in Hawaii for people earning no more than 60% of AMI, it costs an average of about \$400,000 to build one unit *if the land is free*. The most attractive financing option is Federal Low Income Housing Tax Credits of 9% which can cover up to 70% of the total cost, with the remainder obtained through rental income. However, Hawaii receives only about \$3 million in 9% tax credits each year, which can only satisfy a tiny portion of demand. A second option is the use of Federal tax credits of 4%, which are readily available but only cover up to 30% of the total cost. Given the limited amount of rent that people earning no more than 60% of AMI can pay, this leaves a gap of about \$130,000 per unit. If no Federal tax credits are available, the funding gap rises to about \$280,000. Filling this gap requires obtaining private grants and state or city government subsidies, a process that can take up to eight years if it is possible at all (Hollier, 2016a, 2016b).

In addition, it should be noted that some studies have concluded that affordable housing requirements generally fail to increase the overall affordable housing stock, or even lead to a decrease. This is because developers are less likely to take on projects where they have to sell some units at below-market price, and if they do take on such projects they tend to compensate by charging more for their market-price units which then contributes to higher sales prices for the overall housing market. Some analysts recommend that the best approach is to promote more private housing construction. New private sector housing tends to be bought by higher income households which opens up their former units at more affordable prices because housing tends to become less expensive as it ages, plus the overall stock will have increased and thereby reduced demand (Alamo & Uhler, 2015; Uhler, 2016).

Hawaii economist Paul Brewbaker has been quoted as saying, “The literature in housing economics clearly shows that quotas are not just ineffective. They are counterproductive” (Berger, 2015). One such study was conducted by economists at the University of Hawaii and concluded that affordable housing requirements imposed by the State of Hawaii, the City and County of Honolulu, and the Hawaii Community Development Authority since the 1980s have failed to noticeably increase affordable housing (Bonham, *et al.*, 2010).

HUD Programs Promoting Affordable Housing in Hawaii

Besides affordable housing that might be built by developers with private financing, HUD is the other major potential source of necessary financing. Virtually all of HUD’s programs are designed to increase the affordable housing stock, although funds available to Hawaii remain below what is needed to have a real impact. The major HUD programs promoting affordable housing are described below.

According to HUD (<https://www.huduser.gov/portal/datasets/lihtc.html>), the **Low-Income Housing Tax Credit (LIHTC)** is the country’s most important resource for creating housing affordable by lower-income households, with HUD having about \$8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of affordable rental housing. However, as noted earlier, Hawaii only receives about \$3 million each year for the

9% tax credits that can help cover most affordable development costs. Table 25 includes a summary of Hawaii's affordable housing financed through the Low-Income Housing Tax Credit.

The **HOME Investment Partnership Program** is designed to increase affordable housing for low-income and very low-income families through tenant-based rental assistance, housing rehabilitation, assistance to homebuyers, and new construction of housing. For rental housing, at least 90% of the benefitting families must have incomes at or below 60% of AMI and 10% at or below 80% of AMI, while homeownership assistance must be to families with incomes at or below 80% of AMI. Jurisdictions are required to provide a 25% match to HUD funding. In Hawaii, Honolulu County receives its HOME allocation (of about \$3.4 million for 2017) directly from HUD while the HHFDC receives approximately \$3 million annually for allocation on an annual rotating basis to the counties of Hawaii, Kauai, and Maui (City and County of Honolulu, 2016b; Hawaii Housing Finance and Development Corporation, 2016b). From 1992 through September 2015, Honolulu County received a total of nearly \$95 million in HOME funds benefitting nearly 500 households, and HHFDC received nearly \$70 million benefitting over 1,400 households in Hawaii, Kauai, and Maui Counties (US Department of Housing and Urban Development, 2015b).

The **Community Development Block Grant (CDBG)** program provides funding to support local governments in ensuring decent affordable housing, providing services to the most vulnerable, and creating jobs through the expansion and retention of businesses. In Hawaii each county receives a CDBG allocation based on a standard set of community needs measures, to be used for activities specified in its annual action plan which is required to be developed with substantial community input. According to the City and County of Honolulu (2016b), its 2017 allocation totaled about \$14.5 million, of which just over \$750,000 (5.2%) was designated for homeless and transitional housing programs.

The **Native Hawaiian Housing Block Grants (NHHBG)** program was established in 2000 through the addition to the Native American Housing Assistance and Self-Determination Act of 1996 of a new title, Title VIII – Housing Assistance for Native Hawaiians. The NHHBG is administered by HUD's Office of Native American Programs, with the Hawaii Department of Hawaiian Home Lands (DHHL) designated as the sole recipient. Annual grants must be used for affordable housing activities for the benefit of low-income (not exceeding 80% of AMI) individuals who are eligible to reside on Native Hawaiian Home Lands by virtue of having a blood quantum of at least 50% Native Hawaiian. Housing can be produced for either rental or home ownership through construction, rehabilitation, or acquisition. This typically requires developing vacant rural areas into master-planned communities, which can be a lengthy process that requires environmental reviews, mass grading of raw land, and installation of streets, drainage, water, sewers, and utilities before home construction can begin. Residential, agricultural, and pastoral lots are leased for 99 years at \$1.00 per year. According to HUD's NHHBG summary statements for 2016 and 2017 (US Department of Housing and Urban Development, 2015d, 2016), DHHL expended all of its block grant annually through 2010 but a confluence of new challenges led to reduced expenditures and the accumulation of \$36 million in unspent funds as of January 2015. Appropriations have therefore been reduced over the past few years, from \$10 million for 2014 to \$9 million for 2015 to \$0 for 2016, with \$500,000 proposed for 2017 (in its 2017 statement HUD expressed commitment to restoring full funding as the accumulated balance is spent down). Over the five year period 2011-2015, 89.7% of DHHL block grant expenditures were on development activities leading to the addition of 219 affordable homes. However, the wait list stands at more than 27,000 families and an additional 34,000 families are believed to be eligible (nearly 9,000

families have so far been supported by DHHL to reside on Native Hawaiian home lands). The hope is that DHHL's current reorganization efforts will lead to a more rapid reduction of the wait list and improvement in the housing status of Native Hawaiians, who were identified by a 1996 HUD study as having the highest percentage of housing problems, at 49%, of any group in the US (HUD indicates in its 2017 statement that it expects a similar result in a similar study currently being conducted with the Urban Institute). An extensive search of the DHHL website found no special initiatives for people with disabilities or seniors, but its HUD-funded activities must presumably adhere to all relevant Federal and State requirements. Because the NHHBG is meant for Native Hawaiians, the enabling legislation describes the protected classes as follows: "Program eligibility under this title may be restricted to Native Hawaiians. Subject to the preceding sentence, no person may be discriminated against on the basis of race, color, national origin, religion, sex, familial status, or disability" (Section 803(d)(2)).

II.D.4. Public Housing Authorities (PHAs)

Listed below are Hawaii's PHAs. Each County has a PHA administering its Section 8 Housing Choice Voucher (HCV) Program, while the State-level Hawaii PHA manages the public housing program statewide and also administers a portion of Honolulu County's Section 8 vouchers.

- ❖ Hawaii PHA – Public Housing Program (Statewide) + HCV Program (Honolulu County)
- ❖ Honolulu County, Department of Community Services – HCV Program
- ❖ Hawaii County, Office of Housing and Community Development – HCV Program
- ❖ Kauai County, Housing Agency – HCV Program
- ❖ Maui County, Housing Division – HCV Program

Like other Federally-funded housing agencies, Hawaii's PHAs adhere to HUD's policy of non-discrimination based on race, color, sex, religion, marital status, creed, national or ethnic origin, age, familial status, history of being a victim of domestic violence or stalking, gender identity or expression, sexual orientation, handicap or disability, or HIV infection.

II.D.5. Public Housing Stock

According to a statewide inventory compiled in 2015, there are nearly 24,000 affordable housing units located in projects owned by private, non-profit, or governmental entities and developed with funding or support from federal, state, or county resources (Hawaii Housing Finance and Development Corporation, 2015a). Of these units, the Hawaii Public Housing Authority (HPHA) manages 5,663 (23.8%) while other entities manage 18,096 (76.2%), with nearly a third reserved for people who are elderly. The number and characteristics of these housing units are summarized by county in Table 24. The vacancy rate for HPHA units is well under its target of 5% (Hawaii Public Housing Authority, 2016b).

II.D.6. Section 8 Housing Choice Voucher (HCV) Program

As explained in an online fact sheet, HUD's HCV Program assists very low-income families, seniors, and people with disabilities to afford decent, safe, and sanitary housing of their own choice in the private market, including single-family homes, townhouses, and apartments (http://portal.hud.gov/hudportal/HUD?src=/topics/housing_choice_voucher_program_section_8). By law, PHAs must expend at least 75% of their voucher funds to support applicants whose incomes do not exceed 30% of AMI (the program's upper income limit is 50% of AMI). Like most

Table 24. Number of Affordable Housing Units by Unit Type, Management, and County, August 2015

	State of Hawaii		Honolulu County		Hawaii County		Kauai County		Maui County	
# All Projects	324 (100%)		181 (55.9%)		64 (19.8%)		31 (9.6%)		48 (14.8%)	
# All Units	23,759 (100%)		17,559 (73.9%)		2,666 (11.2%)		1,167 (4.9%)		2,367 (10.0%)	
Unit Type	HPHA Managed	Other Managed	HPHA Managed	Other Managed	HPHA Managed	Other Managed	HPHA Managed	Other Managed	HPHA Managed	Other Managed
Elderly	7,389 units (31.1%)									
# Projects	24	76	12	44	7	14	4	5	1	13
# Units	1,922	5,467	1,548	4,029	228	484	104	202	42	752
(% All Units)	(8.1%)	(23.0%)	(6.5%)	(17.0%)	(1.0%)	(2.0%)	(0.4%)	(0.9%)	(0.2%)	(3.2%)
Family	15,752 units (66.3%)									
# Projects	59	114	31	69	14	16	7	11	7	18
# Units	3,741	12,011	2,733	8,890	497	1,330	243	581	268	1,210
(% All Units)	(15.7%)	(50.6%)	(11.5%)	(37.4%)	(2.1%)	(5.6%)	(1.0%)	(2.4%)	(1.1%)	(5.1%)
Special Needs	574 units (2.4%)									
# Projects	0	49	0	24	0	12	0	4	0	9
# Units	0	574	0	347	0	95	0	37	0	95
(% All Units)	(0%)	(2.4%)	(0%)	(1.5%)	(0%)	(0.4%)	(0%)	(0.2%)	(0%)	(0.4%)
Labor/Agric.	44 units (0.2%)									
# Projects	0	2	0	1	0	1	0	0	0	0
# Units	0	44	0	12	0	32	0	0	0	0
(% All Units)	(0%)	(0%)	(0%)	(0.1%)	(0%)	(0.1%)	(0%)	(0%)	(0%)	(0%)
Total Projects	83	241	43	138	21	43	11	20	8	40
Total Units	5,663	18,096	4,281	13,278	725	1,941	347	820	310	2,057
(% All Units)	(23.8%)	(76.2%)	(18.0%)	(55.9%)	(3.1%)	(8.2%)	(1.5%)	(3.5%)	(1.3%)	(8.7%)

Source: Hawaii Housing Finance and Development Corporation (2015a) (see Appendix A for the 10-page table from which the above information was compiled)

areas of the country, in Hawaii there is high demand for Section 8 HCV vouchers leading to long wait lists of at least two years or more. The latest available information on these lists as of August 2016 is summarized below.

- ❖ The City and County of Honolulu's Department of Community Services opened its wait list in 2014 and received 14,351 applications, of which 3,100 (21.6%) were randomly selected based on the projection that HUD allocations would cover that number of voucher recipients for the following three years (<http://www.honolulu.gov/dcs/housing.html>).
- ❖ The HPHA's Section 8 HCV Program for Honolulu County had 4,306 families on its wait list as of July 1, 2015, of which 303 (13.7%) were classified as "elderly families" and 488 (22.1%) as "families with disabilities" (Hawaii Public Housing Authority, 2016b). The HPHA website (accessed August 22, 2016) states that the waitlist was opened for the first time in 10 years for three days that month but limited to three equally-weighted preference groups: homeless; victims of domestic violence; and involuntarily displaced (<http://www.hpha.hawaii.gov/faqs/section8.html>). There is also a long wait list for the

Non-Elderly Disabled (NED) program, for which the household head or co-head must be disabled and under the age of 62 to qualify.

- ❖ The Kauai County Housing Agency accepted new applications for its Section 8 HCV wait list from August 1-12, 2016, with applicants during that period to be randomly selected for the available wait list slots (<http://www.kauai.gov/Housing>).
- ❖ The Maui County Housing Division manages over 1,650 vouchers and last opened its wait list October-November 2015. Its webpage (accessed August 9, 2016) states: “Currently our waitlist consist of 1144 applicants, until we exhaust all 1144 applicants the waitlist will remain closed” (<http://www.co.maui.hi.us/2104/Section-8-Waitlist-Information>).
- ❖ The Hawaii County Office of Housing and Community Development webpage (accessed August 9, 2016) states that aside from a Project Based Voucher for a seniors housing project, “All other Housing Program Waiting Lists are closed” (<http://www.hawaiicounty.gov/online-services>).

Section 8 vouchers are used for rent subsidies at levels determined annually by HUD based on local market conditions (HUD also has a Section 8 Home Ownership Program for the purchase of modest housing, but this has seldom been available in Hawaii). Participating families are required to pay 30% of their monthly adjusted gross income for rent and utilities, with Section 8 vouchers making up the difference up to the local maximum value of the voucher, which ranges between \$600 and \$2,400 per month. By law, when families obtain housing where the rent exceeds the voucher payment standard, they may not pay more than 40% of their adjusted monthly income for rent and utilities.

II.D.7. Disability-specific Housing Support Programs

In addition to the Section 8 HCV Program, the following federally funded programs offer supports that may help people with disabilities obtain affordable housing in Hawaii.

The **Housing Opportunities for People with AIDS (HOPWA)** program funds comprehensive long-term strategies for meeting the housing needs and preventing the homelessness of people with acquired immunodeficiency syndrome (AIDS) or related diseases and their families. For 2017, the City and County of Honolulu (2016b) received about \$441,000 and the Hawaii Department of Human Services’ Homeless Programs Office expected an allocation of about \$200,000 for the counties of Hawaii, Kauai, and Maui combined (Hawaii Housing Finance and Development Corporation, 2016b).

The **Emergency Solutions Grant** program provides funding to engage homeless individuals and families living on the street; improve the number and quality of emergency shelters for homeless individuals and families; help operate these shelters; provide essential services to shelter residents; rapidly re-house homeless individuals and families; and prevent families and individuals from becoming homeless. In 2015, the State of Hawaii received ESG grants totaling about \$443,000 and Honolulu County received nearly \$677,000 (US Department of Housing and Urban Development, 2015b).

According to the US Government Accountability Office (GAO) (2016), **Section 202** (Supportive Housing for the Elderly) and **Section 811** (Supportive Housing for Persons with Disabilities) were fully operational from November 1990 to November 2011. Both programs help individuals remain in the community by providing supportive services such as cleaning, cooking, and transportation. The programs have two components, one of which provides capital advances to nonprofit

organizations to develop affordable rental housing for very low-income (50% of AMI and lower) individuals with support needs, with the advances not having to be repaid as long as the property continues to serve these populations for 40 years. The other component provides rental assistance so tenants can afford to live in the supportive housing. The Frank Melville Supportive Housing Investment Act of 2010 revised Section 811 to limit the number of such units in a multifamily development to 25%, with a primary purpose being that this “promotes and facilitates community integration for people with significant and long-term disabilities.” However, since 2012, Congress has not appropriated funds for capital advances for either program, although it continues to fund rental assistance for existing developments. The US GAO (2016) report included summaries of capital advance funding for 2008 – 2011. Hawaii received one Section 202 award of \$1,085,400 and two Section 811 awards totaling \$1,739,100. An online affordable housing search service (<http://affordablehousingonline.com/>) provides information on Federally assisted affordable rental housing stock in each county, including properties financed through Section 202 and Section 811 (as well as Section 515, described below). This information is summarized in Table 25, which shows that just under 200 supportive housing units have been developed statewide with Section 811 funding and just over 1,000 with Section 202 funding.

The **Fannie Mae Community HomeChoice** program supports people with disabilities to purchase housing through low down payment programs as well as mortgage-qualification aid, such as lower debt-to-income requirements, more lenient credit evaluations, and the inclusion of rent payments from boarders in income calculations.

The **Specially Adapted Housing grant program** of the US Department of Veterans Affairs offers veterans with disabilities fiscal support (which was up to \$67,555 in 2014) toward a home purchase or renovation.

Section 515 Rural Rental Housing Loans are mortgages made by the US Department of Agriculture’s Rural Development Housing and Community Facilities Programs Office for up to 30 years at an effective interest rate of 1%. The funds must be used for affordable rental housing

Table 25. Number of Affordable Housing Developments and Units Funded through the Low-Income Housing Tax Credit (LIHTC), Section 202, Section 515, and Section 811, by County

Program	Honolulu County		Hawaii County		Kauai County		Maui County		Total Units
	Properties	Units	Properties	Units	Properties	Units	Properties	Units	
LIHTC	34	3,576	13	897	3	94	17	2,293	6,860
Section 202	16	377	9	207	1	4	14	426	1,014
Section 811	13	99	8	43	2	20	3	31	193
Section 515	N/A	N/A	9	325	2	56	6	236	617
Total	63	4,052	39	1,472	8	174	40	2,986	8,684

Source: HUD data compiled by affordablehousingonline.com for each of the counties:

Honolulu: <http://affordablehousingonline.com/housing-search/Hawaii/Honolulu-County/>

Hawaii: <http://affordablehousingonline.com/housing-search/Hawaii/Hawaii-County/>

Kauai: <http://affordablehousingonline.com/housing-search/Hawaii/Kauai-County/>

Maui: <http://affordablehousingonline.com/housing-search/Hawaii/Maui-County/>

for very low income (at or below 50% of AMI), low income (between 50% and 80% of AMI), and moderate income (capped at \$5,500 above the low-income limit) families, seniors, and people with disabilities in rural areas identified as high-need (Housing Assistance Council, 2011). As shown in Table 25, more than 600 units have been developed statewide with Section 515 support.

II.D.8. Housing for Seniors and Frail Elders

As shown in Table 24, nearly a third of Hawaii's public housing stock is designated for seniors, but amounts to only 7,389 units which is far below demand. As discussed in earlier sections, seniors comprise the fastest growing population sector and many face challenges related to poverty and declining health that are increasingly straining public resources to ensure they remain adequately housed and cared for. The caregiving burden typically falls on relatives, and an estimated 247,000 family members in Hawaii have taken on this role without pay (Hollier, 2015). Their efforts maintain community housing for numerous seniors who might otherwise require costly care in a nursing facility.

Compared to other age groups, seniors have a high rate of home ownership. Of heads of household in Honolulu who are 65 years of age and older, 77% own their home and only 23% rent, compared to Hawaii's overall ownership rate of about 58% and rental rate of about 42% (University of Hawaii Center on Aging, 2015). As detailed later in this report, the concept of "aging-in-place" is being promoted as a way to satisfy the strong desire of most seniors to remain in their homes and communities while also saving money that would otherwise have to be spent on nursing facility stays. The need for attention to the housing needs of seniors is also underlined by news reports indicating that their proportion among the homeless is increasing, partly as a result of rents that are rising beyond their means (Hawaii News Now, 2012; Schaefer, 2014).

Medicaid offers a menu of long-term services and supports (LTSS) designed to help seniors, as well as younger people with serious disabilities, to avoid institutionalization and remain in the community. Eligibility is based on a combined assets and income limit that meets Federal poverty guidelines, which often leads to seniors "impoverishing" themselves to qualify by forgoing income, giving away assets, or putting property in specially designed trusts (Pietsch & Lee, 2014). In both public and private programs, eligibility also requires a diminished capacity to undertake *activities of daily living* (ADLs) such as eating, dressing, bathing, transferring from bed to chair, toileting, and moving about safely, and/or *instrumental activities of daily living* (IADLs) such as housekeeping, shopping, managing money, managing medications, meal preparation, using telephones, and using public transportation. Standardized instruments are used to determine a person's ADL Index, with each point indicating one ADL deficiency. An ADL Index of two is commonly taken as the cutoff for providing in-home LTSS. People with scores higher than two are typically considered to be in need of placement in a care facility. The Hawaii Department of Health estimates a total of about 12,000 beds available in nursing homes, adult residential care homes, and adult foster care homes, but this is less than half the estimated number of people in Hawaii with more than two ADL deficiencies (Nitz & Mossakowski, 2014).

II.D.9. Olmstead Decision and Community Housing for People with Significant Disabilities

As summarized by the US Department of Housing and Urban Development (2013c), the US Supreme Court ruled in its landmark *Olmstead v. L.C.* (1999) decision that the unjustified segregation of people with disabilities is a form of discrimination prohibited by Title II of the Americans with Disabilities Act. This decision concerned primarily people who are often considered to lack the capacity to make their own life decisions because of intellectual, cognitive,

developmental, psychiatric, or other significant disabilities such as those associated with traumatic brain injury. The Supreme Court ruled that states and localities cannot require people with disabilities to reside in institutions such as nursing homes and psychiatric hospitals in order to receive necessary services if those services could reasonably be provided in integrated, community-based settings. By extension, jurisdictions must therefore make reasonable efforts to find or provide appropriate integrated housing to which people with disabilities can transition if they prefer to exit from institutions and other segregated settings. “Integrated” housing options are those where people with disabilities are able to live and interact with people without disabilities while receiving the health care and LTSS they need in order to stay in the community.

Hawaii is among the earliest and most successful states in transitioning people with significant disabilities from institutions to integrated, community-based settings. The first major initiative in this regard was the State Legislature’s passage of Act 189 in 1995, which required that the Hawaii Department of Health close its Waimano Training School and Hospital, Hawaii’s main institution housing individuals with intellectual or developmental disabilities (commonly abbreviated as ID/DD) (Minami, 2004). Waimano’s closure was achieved on June 20, 1999, two days before the Olmstead Decision was handed down. By that time close to 1,000 individuals had been transitioned out of the facility, which required that a variety of State and County government agencies collaborate to expand specialized community-based housing options. These options include *foster family homes* (sometimes called *host homes*) in which the individual occupant or family provides a family-like environment and support services for one to three persons, and *group homes* for up to six people with supervision and services provided by staff of a contracted non-profit agency.

Hawaii’s second major deinstitutionalization initiative involves “rebalancing” funding and programming for Medicaid-funded LTSS. In the past, most people qualifying for LTSS were in institutions such as nursing facilities, acute care hospitals, and intermediate care facilities for people with ID/DD. After the Olmstead decision, Federal funding became available to help states decrease the number of people in institutions by expanding the LTSS category known as Home and Community-based Services (HCBS). HCBS services are provided by paraprofessionals who periodically come to a person’s residence to perform tasks such as personal care, chore assistance, meal delivery, respite, adult day care, case management, environmental modifications, and counseling and training. In this way individuals are able to avoid or delay institutionalization in a hospital or nursing home. Hawaii is one of only nine states reporting no HCBS wait list for people with ID/DD (Developmental Disabilities Division, 2015), and has also been rated as among eight states that have “clearly established a level of performance at a higher tier than other states” in system performance for LTSS (which include HCBS) for older adults, people with physical disabilities, and family caregivers (Reinhard, *et al.*, 2014).

Over four-and-a-half years through 2007, the Hawaii Department of Human Services’ Going Home Project used the HCBS approach to successfully transition 838 Medicaid beneficiaries from acute care hospital beds (or wait lists) to community-based living. The savings per person have been estimated at \$70,000 per year. The follow-up Going Home Plus project is continuing this process with the target population expanded to include those in nursing or intermediate care facilities (University of Hawaii Center on Disability Studies, 2008). The effectiveness of this approach is reflected in Table 26, which shows that from the start of February 2009 to the end of June 2013, the number of Medicaid beneficiaries receiving LTSS increased by about 42% while the number receiving HCBS in the community increased by about 123%. As a result, the number

of people under care in institutions decreased by about 19% and the number of Medicaid beneficiaries admitted to nursing facilities each month decreased dramatically by about 91%.

Table 26. Change in Number and Percent of Hawaii Medicaid Recipients Receiving Long-term Services and Supports Who Reside in Community-based Settings versus Institutions, 2009-2013

	02/01/2009	06/30/2013	% Change
# Receiving Long-Term Services & Supports (Medicaid)	4,950	7,004	Up 41.5%
# and % Receiving Home & Community-Based Services (HCBS)	2,109 (42.6%)	4,700 (67.1%)	Up 122.9%
# and % in a Nursing Facility or Hospital	2,841 (57.4%)	2,304 (32.9%)	Down 18.9%
Admission into a Nursing Facility (with Medicaid as Primary Coverage)	About 32/month	About 3/month	Down 90.6%

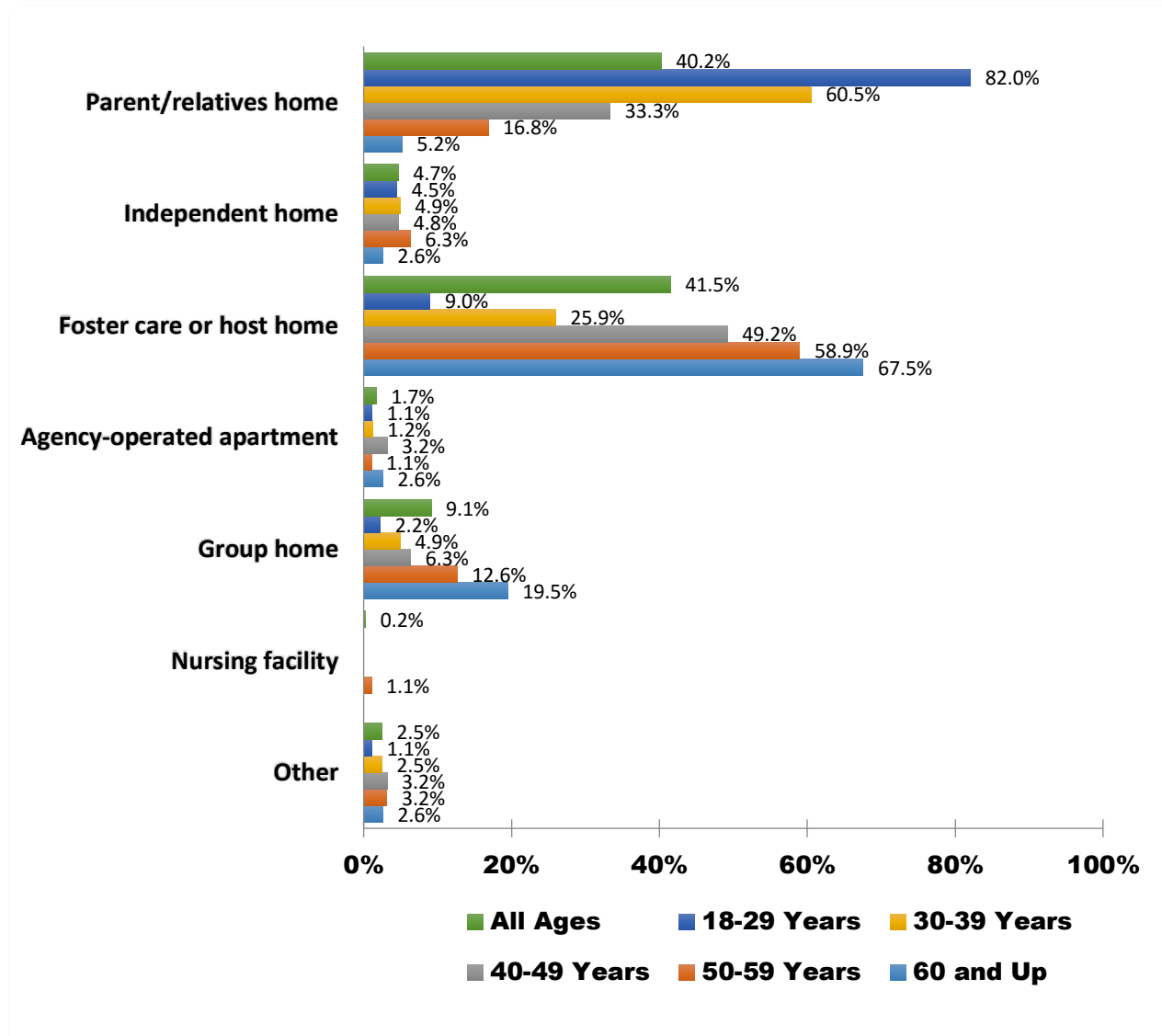
Source: Hawaii Department of Human Services (2015b, page 6).

II.D.9.a. People with Intellectual and Developmental Disabilities

People with ID/DD have been substantially impacted by Hawaii's deinstitutionalization efforts. This is reflected in Figure 11, which shows the proportion of people served by the Hawaii Department of Health's Developmental Disabilities (DD) Division who live in different types of residence, with only a fraction in an institution. The chart is based on a survey of a random sample of 405 of DD Division's 3,000-plus clients in mid-2013 on various quality of life indicators, including type of residence. The top green-colored bar for each of the residence types shows the percentage of the entire sample living there, as follows in descending order: 41.5% in a foster care or host home, 40.2% in a parent's/relative's home, 9.1% in a group home, 4.7% in an independent home, and negligible percentages for agency operated apartment, nursing facility, or other miscellaneous residence types.

An interesting pattern clearly emerges from the breakdown of residence type by age, with the bars below the green-colored bars in the figure ordered downward from youngest group (18-29 years old) to oldest (60 and up). For the *parent's/relative's home* category, those in the 18-29 age group predominate with 82.0% living in such a residence, and this proportion decreases for each succeeding age group through 60 and up at only 5.2%. The opposite pattern is seen for the other two major residence types, which show increasing percentages of residents as their ages increase. Only 9.0% of the 18-29 age group lived in a *foster care or host home* compared to 67.5% of the 60 and up group, and only 2.2% of the 18-29 age group lived in a *group home* compared 19.5% of the 60 and up. This steady movement of DD Division clients over time from the homes of parents or other relatives to foster care or a host or group home appears to result largely from the death of these caretakers or their aging to the point of being no longer able to care for these individuals with significant disabilities.

Of Hawaii's various vulnerable populations, those eligible for DD Division services appear to be the most likely to be appropriately housed and least likely to become homeless. When the Going Home Plus Project sought to determine the number of people with ID/DD in need of housing by consulting DD Division case managers, the Hawaii Developmental Disabilities Council, and attendees at public forums, only about 100 such individuals were identified compared to the

Figure 11. Types of Residence for People Served by the Developmental Disabilities Division in Hawaii, by Age (N = 405)

Source: University of Hawaii Center on Disability Studies (2013)

3,000-plus served by the DD Division. This low rate of lack of housing can be attributed to the fact that intellectual and developmental disabilities are almost always identified in early childhood, leading to the provision of various supports that include informing and guiding parents to obtain available services when their children reach adulthood at age 18. This typically includes obtaining SSI and Medicaid benefits, for which nearly all young adults with ID/DD qualify because only their income and assets are used for eligibility determination, with those of their families excluded. Virtually all DD Division clients, at 99%, live in residences serving one to six people with ID/DD, and most, at 61%, are in settings where one to three people with ID/DD live. (Hawaii Department of Health, 2015b). These high rates of community living are made possible by the availability of HCBS. The DD Division served over 3,200 individuals in 2014, of whom over 2,600 (82.1%) received HCBS (Hawaii Department of Health, 2015a).

II.D.9.b. People with Psychiatric Disabilities and/or Substance Use Disorders

A particularly vulnerable population consists of people with psychiatric disabilities and/or substance use disorders. People with either or both of these conditions are at high risk for homelessness. They are also at high risk for imprisonment, and it is considered a “national shame” that over 50% of inmates housed in local, state, and federal facilities are mentally ill compared to about 11% of the general population (Kim, *et al.*, 2015; Nash, 2014).

The two most common of the severe and persistent mental illnesses are schizophrenia and bipolar disorder, which together are estimated to afflict about 36,800 (3.3%) of Hawaii’s residents, of whom an estimated 17,500 are not receiving treatment (Treatment Advocacy Center, 2016). Most Hawaii residents have access to mental health services through private health insurance providers. Those who meet poverty guidelines may be covered through Med-QUEST, Hawaii’s Medicaid program, and also be eligible for services of the Hawaii Department of Health’s Adult Mental Health Division (AMHD). The AMHD has a statewide Housing Services Coordinator responsible for the development of services, program standards, and policies and procedures that reflect evidence-based practices and professional standards. According to Hawaii’s Community Mental Health Services Block Grant application for 2016-2017 (Hawaii Department of Health, 2016a), the AMHD “has developed a Utilization Plan for Housing which tracks lengths of stay [in group housing], effectively manages the housing inventory to include tracking levels of care to move consumers along the continuum of care and housing needs” (page 155) and “will seek Technical Assistance to create housing voucher programs for eligible adults” (page 107). One notable service gap identified in the Mental Health Services Block Grant application is that, due mainly to eligibility restrictions, only about 1% of the approximately 400 youth who age out of services from the Child and Adolescent Mental Health Division (CAMHD) every year are able to enter AMHD services. CAMHD’s support of youth as they transition to adulthood includes attention to their housing needs, including assistance such as rental deposits.

The Hawaii Department of Health’s Alcohol and Drug Abuse Division (ADAD) uses Block Grant and/or State general funds to contract providers for a continuum of treatment services. Housing-related services include residential services (including nonmedical residential detoxification), therapeutic living programs (which provide 24-hour supervision), group recovery homes, and clean and sober housing. Although the ADAD’s Block Grant application (Hawaii Department of Health, 2016b) does not detail how clients might be supported to transition from these temporary housing settings to more permanent ones, this is presumably addressed in the transition planning conducted with clients by their case managers, social workers, and/or probation officers.

To address high rates of contact with the criminal justice system by military veterans dually diagnosed with mental health and substance abuse disorders, in 2013 a Veteran’s Treatment Court was established for Honolulu with plans for similar courts in other counties. The Court helps veterans get the evaluation and treatment services they need and also assists with finding housing and obtaining job training.

II.D.9.c. Seniors with Alzheimer’s Disease and Related Dementias

Another major group of concern regarding housing needs consists of people with Alzheimer’s, with which about 27,000 people in Hawaii age 65 and above were diagnosed as of 2010, although this is thought to represent only about a third of those who meet diagnostic criteria. To address the needs of this growing vulnerable population, the Hawaii Department of Health’s Executive Office on Aging facilitated development of the *Hawaii 2025: State Plan on Alzheimer Disease and Related Dementias* (Hawaii Department of Health, 2013a). Regarding aging-in-place, the plan

notes that people with Alzheimer's are likely to require an expanded set of home-based services to avoid placement in nursing facilities, but these services are usually not entirely covered by public and private health insurance plans. This often leads to financial stress for many seniors and their families. One of the strategies under the Plan's *Goal 3: Expand Supports for People with Alzheimer's Disease and Their Families* is to "Assess and address the housing needs of people with Alzheimer's." However, concrete recommendations will have to await future revisions of the Plan, which at this point promises, "Efforts will be made to explore affordable housing models and options in Hawaii that would be accessible for those living with dementia as they age in place" (page 27).

The aging of Hawaii's population is projected to greatly increase demand for the LTSS needed to continue living at home and avoid nursing facility placement. However, according to surveys, most of Hawaii's adults over 50 years of age expect to need LTSS but are not planning or prepared for the cost, which is among the highest in the nation (AARP, 2012). Although private long-term care insurance can cover most of the cost of LTSS, it is seldom purchased in Hawaii due to what is perceived as its high cost (Hawaii Long-Term Care Commission, 2012). Costs are also high for seniors who do need to enter a nursing facility, with Hawaii's median cost for a semi-private nursing home room at nearly \$130,000 per year compared to about \$82,000 nationally (Genworth Financial, 2016).

The issue of how the State of Hawaii can help ensure that LTSS is available to all in need is a complex one. In 2008, the Hawaii State Legislature established the Hawaii Long-Term Care Commission to examine this issue. In its final report at the end of 2012, the Commission summarized the shortcomings of Hawaii's "broken" LTSS system as follows:

Long-term care is expensive and beyond the financial reach of most people. Medicare and private health insurance do not cover long-term care, and few people have private long-term care insurance. As a result, if they need extensive long-term care, they must pay out of pocket; if their resources have been depleted, they must turn to the means-tested Medicaid program. Moreover, although progress has been made in recent years with the implementation of the Medicaid QUEST Expanded Access program, not enough home and community-based services are provided, even though people want to stay in their own homes. Finally, responsibility for long-term care is spread over several state agencies, leaving policy fragmented without a unifying vision (page 1).

The Hawaii Long-Term Care Commission (2012) recommended that three major LTSS financing strategies be explored. One is to establish "a limited, mandatory public long-term care insurance program for the working population, which would be funded primarily by premiums rather than state general revenues" (page 4). In response, the 2013 session of the Hawaii State Legislature passed a concurrent resolution funding a feasibility study that was conducted by Nitz and Mossakowski (2014). To date, however, proposals for a public insurance program have failed to pass the Legislature. The latest failed proposal (in the 2016 session) would have provided taxpayers who had filed Hawaii tax returns for at least 10 years with a \$70 daily benefit for up to 365 days to help offset care costs, with taxes on tourists expected to cover about one-third of the program's cost (Blair, 2016).

A second possible strategy is to encourage life insurance as a source of private funding through accelerated death benefits (which are paid out while the insured is still alive and is able to prove long-term care needs or a serious medical condition) and viatical settlements (the sale of an insurance policy's death benefits to a third party, normally at a discount, so the proceeds are

available for use by the insured). If current state insurance regulations are appropriately revised, life insurance appears to be a viable LTSS financing vehicle because Hawaii had more than 709,000 in-force life insurance policies in 2009 compared to only about 77,000 long-term care insurance policies (Hawaii Long-Term Care Commission, 2012).

A third possible strategy is to build on the existing Kupuna Care program. This entirely State-funded program was developed by the Executive Office on Aging in partnership with the four county Area Agencies on Aging to support the “gap group” of seniors who do not meet the poverty-based eligibility requirements for Medicaid but lack the resources to afford LTSS on their own. The services covered include (in order from most to least total expenditures during 2013) home-delivered meals, personal care, case management, adult day care, homemaker-housekeeper, and chore services (Nitz & Mossakowski, 2014).

However, even if additional financial supports become available, access to LTSS may be limited by a projected shortage of trained LTSS providers, particularly those adequately trained in dementia care (Hawaii Workforce Development Council, 2011).

II.D.10. People Housed in Institutions

The 2010 US Census counted the number of people in Hawaii who were housed in institutions at over 11,000 (0.8% of the state population). As shown in Table 27, nearly all of the institutionalized were either incarcerated adults (50.2%) or people in residential nursing facilities (46.0%). It is not clear if and where those served by the only State psychiatric hospital, the Hawaii State Hospital, might be included in the table. This facility, a branch of the AMHD, provides short-term and long-term inpatient psychiatric and rehabilitative services. According to the Hawaii Department of Health (2015a), the hospital had a census of 210 filled beds in August 2015. About 95% of residents are classified as forensic, meaning their mental illness was considered a contributing factor in their involvement with the legal system (had been arrested, were on remand, or had been found guilty of a crime). The AMHD reports having conducted activities to ensure compliance with the Olmstead Decision, including the engagement of expert consultants and the conduct of educational sessions with a range of stakeholder organizations, service providers, and consumers. The hospital conducts a Transition to the Community Program that involves patients in planning what they will need to do and how they can best be supported to succeed in the community, including obtaining and maintaining housing.

With regard to nursing facilities, a study by O’Keeffe and Wiener (2011) found that in 2009 Hawaii had only 43.4 beds per 1,000 people aged 75 and older compared to the national average of 88.9 beds. As a result, in 2010 Hawaii’s nursing facilities had a very high occupancy rate of 92.8% compared to the national average of 83.6%. Because of this high occupancy rate, there have been cases of people with extensive nursing needs having to be kept in acute care hospitals for longer than necessary while waiting for nursing facility beds to open up. In addition, Hawaii’s limited nursing beds means that lower priority individuals with fewer ADL deficiencies may be turned away. Hawaii has the nation’s highest average ADL Index for its nursing facility residents at 4.52, compared to the national average of 4.02. Regarding the relatively low number of nursing facility beds in Hawaii, O’Keeffe and Wiener (2011) state, “One possible explanation is that the high level of three-generation households in the state combined with a strong tradition of informal caregiving has resulted in low demand for nursing home care. Another explanation is that the high cost of real estate and construction needed to expand existing facilities or build new ones constrains the number of nursing home beds” (page 3).

Table 27. Institutionalized Population, by Type of Institution and County, 2010

Type of Institution	State of Hawaii	Honolulu County		Hawaii County		Kauai County		Maui County	
	#	#	% of State	#	% of State	#	% of State	#	% of State
All Institutions	11,306	7,658	67.7%	1,563	13.8%	628	5.6%	1,457	12.9%
Correctional Facilities for Adults									
Federal Detention Centers	704	704	100%	-	-	-	-	-	-
State prisons	4,548	3,049	67.0%	478	10.5%	289	6.4%	732	16.1%
Local Jails	12	12	100%	-	-	-	-	-	-
Correctional Residential Facilities	382	114	29.8%	267	69.9%	1	0.3%	-	-
Military Disciplinary Barracks or Jails	27	27	100%	-	-	-	-	-	-
TOTAL	5,673	3,906	68.9%	745	13.1%	290	5.1%	732	12.9%
Juvenile Facilities									
Group Homes (Non-correctional)	115	73	63.5%	6	5.2%	23	20.0%	13	11.3%
Residential Treatment Centers (Non-correctional)	46	12	26.1%	22	47.8%	-	-	12	26.1%
Juvenile Correctional Facilities	119	103	86.6%	-	-	-	-	16	13.4%
TOTAL	280	188	67.1%	28	10.0%	23	8.2%	41	14.6%
Nursing Facilities/Skilled Nursing Facilities									
TOTAL	5,198	3,425	65.9%	776	14.9%	315	6.1%	682	13.1%
Other Institutional Facilities									
Mental	71	60	84.5%	9	12.7%	-	-	2	2.8%
In-patient Hospice Facilities	34	34	100%	-	-	-	-	-	-
Military Treatment Facilities with Assigned Patients	27	27	100%	-	-	-	-	-	-
Residential Schools for People with Disabilities	18	18	100%	-	-	-	-	-	-
TOTAL	150	139	92.7%	14	9.3%	-	-	2	1.3%

Source: Hawaii Department of Business, Economic Development and Tourism (2015b, Table 1.53)

II.E. Other Relevant Data: Homelessness and Transportation Challenges

II.E.1. The Homeless Population

In view of Hawaii's ranking as the state with the least affordable housing market and the highest rate of occupied housing units that are overcrowded (8.8% have 1.01 or more occupants and 3.1% have 1.51 or more occupants per room, as shown in Table 12), it is no surprise that it also has the highest per capita rate of homelessness among the states (although the District of Columbia does have a higher rate). According to the National Alliance to End Homelessness (2015), Hawaii's rate of 49.3 homeless persons per 10,000 population is about 2.7 times higher than the national rate of 18.2. The second state after Hawaii is California at 41.0 homeless per 10,000, followed by Nevada at 37.8. Hawaii's homeless problem also stands out because the number of homeless individuals has continued to increase each year whereas the general trend on the Mainland is for decreasing numbers. Hawaii was among only 13 states reporting an increase in their homeless populations from 2013 to 2014, with the fourth highest rate of increase at 9.2%.

People with disabilities are highly overrepresented among those experiencing homelessness, largely as a result of their high rates of being in lower income brackets or unemployed. Two categories of disability in particular – serious mental illness and substance use disorders – are associated with homelessness because they tend to reduce capacity to be gainfully employed as well as to engage in self-care and health-promoting behaviors, maintain supportive social relationships, and attend to the requirements that must be met to obtain and retain housing. This is especially true of those who are dually diagnosed with both conditions. Nationally, about 6% of Americans have a serious mental illness while the rate among those experiencing homelessness is 20-25% (National Coalition for the Homeless, 2009a). According to a 2014 national survey, about 6.4% of respondents aged 12 or older were dependent on or abused alcohol in the previous year, and 2.7% were dependent on or abused illicit drugs, while an estimated 38% of people experiencing homelessness are dependent on alcohol and 26% abuse other drugs (US Substance Abuse and Mental Health Services Administration, 2015). Research indicates that about two-thirds of homeless people report that drugs and/or alcohol were a major reason for their becoming homeless, and that many people without such addictions who become homeless turn to drugs and/or alcohol to cope with their situations (Didenko & Pankratz, 2007; National Coalition for the Homeless, 2009b).

As homelessness in Hawaii has grown over the years, so has its prominence as a political issue, with State and County governments responding with new programs and laws as well as support for mechanisms to coordinate the wide range of public and private efforts being undertaken to reduce homelessness. An important source of information for assessing the extent of the problem and developing effective policies and strategies is the annual point-in-time homeless count required by HUD in order for states to receive funding for certain homeless programs. Hawaii's January 2016 count identified 7,921 individuals experiencing homelessness (an increase of 28.0% over the 2011 count of 6,188) (Hawaii Department of Human Services, 2016). An alternative approach to estimating the homeless population is to compile the number of people receiving various homeless services, as has been done for the years from 2007 to 2015 by the University of Hawaii Center on the Family using data from the State's centralized electronic data system, the Homeless Management Information System (Yuan, *et al.*, 2015). This approach estimated a far larger statewide homeless population for State Fiscal Year (FY) 2015 (July 1, 2014 – June 30, 2015), 14,954 versus 7,620 for the point-in-time count in January 2015 (Hawaii Department of Human Services, 2015a). However, the two numbers are difficult to compare due to the different

methodologies used, which each have shortcomings. The point-in-time count missed an unknown proportion of people experiencing homelessness because they were not present when canvassers came by, were staying in areas unknown to canvassers, or purposely avoided contact. The alternative count of service users double-counted an unknown proportion (due to incomplete information in the database to cross-check whether sets of different services were given to the same or different people); did not include those who did not receive services or for whom service utilization information was missing; and (of relevance for comparisons with the point-in-time method) counted an unknown proportion who were not homeless when the point-in-time count was conducted.

One important strength of the count of service users methodology is that it enables an estimation of how many people enter the homeless service system and how many subsequently manage to find housing over different time periods. Of the 14,954 people who used homeless services in FY2015, 5,875 (39.3%) were “stayers” from FY2014; 3,362 (22.5% of the FY2015 service population) returned to homeless services after having exited in a previous year; and 5,717 individuals (38.2%) entered the service system for the first time. Almost exactly half (50.8%) of the service users exited the homeless service system during FY 2015, with 42.8% moving into permanent housing, 15.3% remaining homeless, 15.3% exiting to other destinations, and 26.6% exiting to unknown destinations. Regarding the rate of exiting to permanent housing, Kauai County had the lowest rate at 25.8%, while Honolulu had the highest rate at 44.5% followed by Hawaii at 43.1% and Maui at 41.2% (Yuan, *et al.*, 2015).

Table 28 summarizes the results for the two counting approaches by county. It shows each county’s percent of the statewide totals for both approaches, with the idea that a county with a substantially higher (or lower) percent of the homeless compared to the general population statewide might be considered to have a more serious (or less serious) homeless problem than a county with a lower (or higher) percent. In this regard, only Maui County deviates substantially from its proportion of the general population on both homeless population measures, which were 14.9% for the point-in-time and 14.8% for the compared to 11.5% of the general population statewide. This suggests that while homelessness is a serious problem in all the counties, it may be most serious in Maui. Alternatively, the data collected in Maui may just be more accurate and count a higher percentage of the people experiencing homelessness compared to the other counties.

Table 28. Homeless Population Estimates Based on Point-in-Time Count (January 2015) and Analysis of Use of Homeless Services (July 1, 2014–June 30, 2015), by County

Population Estimate Method	State of Hawaii	Honolulu County	Hawaii County	Kauai County	Maui County
% of State General Population	100%	69.8%	13.7%	5.0%	11.5%
2015 Point-in-Time Homeless Count (% of State Total)	7,620 (100%)	4,903 (64.3%)	1,241 (16.3%)	339 (4.4%)	1,137 (14.9%)
Count of Homeless Services Users (% of State Total)	14,954 (100%)	10,257 (68.6%)	1,829 (12.2%)	662 (4.4%)	2,206 (14.8%)

Source: Hawaii Department of Human Services (2015a); Yuan, Vo, Gleason, & Azuma (2015)

The survey forms used for the point-in-time counts include questions about disability status. As shown in Table 29, the January 2015 count (like previous annual counts) found that high proportions of homeless adults reported having serious disabling conditions. Statewide, 22.2% of

homeless adults reported having a serious mental illness and 18.3% reported having a substance use disorder (those who reported both would appear in both categories). Those with such conditions or HIV/AIDS are classified as *chronically homeless* if they reported having been continuously homeless for a year or more, or having had at least four episodes of homelessness in the last three years. Also troubling are the findings of Yuan, *et al.* (2015) that about one quarter of children experiencing homelessness had one or more physical, mental, behavioral, or developmental problems. The most common problems were reported to be, in descending order, asthma; speech, vision or hearing difficulties; allergies; and learning disabilities.

Table 29. Homeless Adults Identified with Serious Disabling Conditions by the Hawaii Point-in-Time Count, January 2015

	Sheltered			Unsheltered			TOTAL
	Honolulu County	Rural Counties	State Total	Honolulu County	Rural Counties	State Total	
All Homeless Adults	2,964	813	3,777	1,939	1,904	3,843	7,620
Chronically Homeless (% All Homeless Adults)	135 (4.6%)	18 (2.2%)	153 (4.1%)	644 (33.2%)	575 (30.2%)	1,219 (31.7%)	1,372 (18.0%)
Serious Mental Illness (% All Homeless Adults)	394 (13.3%)	110 (13.5%)	504 (13.3%)	599 (30.9%)	587 (30.8%)	1,186 (30.9%)	1,690 (22.2%)
Substance Use Disorder (% All Homeless Adults)	257 (8.7%)	119 (14.6%)	376 (10.0%)	514 (26.5%)	506 (26.6%)	1,020 (26.5%)	1,396 (18.3%)
HIV/AIDS (% All Homeless Adults)	26 (0.9%)	3 (0.4%)	29 (0.8%)	22 (1.1%)	27 (1.4%)	49 (1.3%)	78 (1.0%)

Source: Hawaii Department of Human Services (2016)

Table 29 also shows that people with serious disabling conditions are particularly numerous among those who are unsheltered (spending the night outdoors). Many such individuals remain unsheltered because they do not seek services or refuse offered services that would help address the challenges that keep them out of sheltered settings or permanent housing. Permanent supportive housing programs (PSHP) have been found to be the most effective strategy for supporting such individuals. These programs prioritize placement in housing with supportive services such as case management and daily living skills training, rather than the usual past strategy of focusing on behavior change as a prerequisite for housing. According to Yuan, *et al.* (2015), 1,048 households with at least one member having a disabling condition received PSHP services during FY2015. The HUD-funded Continuum of Care served 683 (65.2%) of the households, and Veterans Affairs served 223 (21.3%) through its Permanent Structured Independent Living Program and HUD-Veterans Affairs Supportive Housing Program. In addition, Housing First programs conducted by the State of Hawaii and Honolulu County for the chronically homeless population served 70 (6.7%) households and 72 (6.9%) households, respectively. However, PSHP capacity is far below what is needed to serve all people experiencing chronic homelessness, who total over 2,000 in number.

According to Hawaii's Community Mental Health Services Block Grant application for 2016-2017, the Hawaii Department of Health's Adult Mental Health Division (AMHD) provides a range of homeless services (Hawaii Department of Health, 2016a). The AMHD manages Hawaii's state allocation from the US Substance Abuse and Mental Health Services Administration for Projects

for Assistance in Transition from Homelessness (PATH), which funds services for people with serious mental illnesses, including those with co-occurring substance use disorders, who are homeless or at-risk of becoming homeless. The AMHD contracts with local community providers to provide PATH services, which include outreach; screening and diagnostic treatment; habilitation/rehabilitation; community-based mental health services; alcohol or drug treatment; staff training, case management; supportive and supervisory services in residential settings; and referrals for primary health, job training, educational services, and allowable housing services. AMHD clients may also be eligible for the HUD-funded Shelter Plus Care (S+C) Program, which assists homeless people with serious disabling conditions to pay rent for housing with appropriate supportive services from other sources.

During FY2014, AMHD served 840 individuals through homeless outreach, leading to 352 (41.9%) being enrolled for AMHD mental health services, although military veterans and LGBT individuals were identified as highly underserved. Many AMHD clients also struggle with substance use disorders and medical conditions that may greatly complicate efforts to transition them to permanent housing. For example, those who have diabetes and are insulin dependent are not accepted by many 24-hour group homes, and those with personality disorders generally do not do well in either group homes or semi-independent living (Hawaii Department of Health, 2016a).

According to Hawaii's Substance Abuse Prevention and Treatment Block Grant application for 2016-2017, ADAD also has special programming for homeless individuals (Hawaii Department of Health, 2016b). Its Hawaii Pathways Project, funded for three years through September 2016 by the US Substance Abuse and Mental Health Services Administration, provides supportive housing services to chronically homeless individuals with substance use disorders, co-occurring substance use and mental health disorders, or serious mental illnesses. This project is based on the Pathways Housing First model (the only evidence-based homeless housing program recognized by the national Registry of Evidence-Based Programs and Practices) and provides comprehensive housing and treatment services without preconditions of alcohol or drug non-use. ADAD also uses State funds to provide substance abuse treatment and recovery support services for the homeless.

II.E.2. Transportation Challenges for People with Disabilities

Transportation challenges were identified as a major impediment to fair housing choice by many of the people with disabilities interviewed for this Analysis of Impediments, especially those living in rural areas. They reported that it is often impossible to obtain affordable housing that is close enough to their work places and needed medical and social services for them to readily make the trip. Many people with disabilities cannot drive themselves due to their impairments or inability to afford a vehicle, and must therefore rely on public transportation or getting rides from friends or relatives, which can be particularly difficult to arrange in a timely fashion in sparsely populated rural areas.

All the major islands have public bus systems that can accommodate wheelchairs as well as paratransit door-to-door services for people with disabilities, typically via vans. The Aloha United Way's 2-1-1 Get Help website has a "Disability Related Transportation" section that lists six paratransit service providers in Honolulu County, six in Hawaii County, two in Kauai County, and seven in Maui County. County government paratransit services are island-wide at reduced fares, while some of the other services cover smaller areas and/or special populations and are often free. For example, Kauai Economic Opportunity Inc. is listed as providing free transportation for the homeless people with physical disabilities it serves in the Kapaa area.

Although door-to-door paratransit sounds appealing, many people with disabilities report problems with long waits beyond scheduled pick-up times, excessively long rides, and limited hours of service. Numerous news reports have highlighted problems with Honolulu's Handi-Van service, operated by Oahu Transit Services which also runs TheBus. Handi-Van provides about 3,500 rides a day, making it one of the country's most used paratransit services on a per capita basis. The one-way fare is highly subsidized at \$2. A flood of user complaints led the Honolulu City Council to request an audit covering 2013 to 2015. The audit found on-time arrivals declined over that period from about 86% to 81% despite the purchase of 99 new vans and retirement of dilapidated ones resulting in a 15% increase to 181 total vehicles. The audit also pointed out that Handi-Van may violate the ADA by giving priority in pick-up times and routing to individuals who regularly attend the programs of social service agencies such as Easter Seals and the Arc in Hawaii, increasing inconveniences for those who want to schedule a one-time ride (Honoré, 2016).

The transportation problems often experienced by people with disabilities in both urban and rural areas underline the importance of neighborhood planning that leads to the close proximity of accessible and affordable housing to mass transit. The concepts *walkable communities* and locating housing and essential services *within walking distance* of each other might usefully be supplemented with those of *wheelchairable communities* and *within wheelchair distance*.

III. EVALUATION OF CURRENT FAIR HOUSING LEGAL STATUS

The primary Federal legislation addressing housing discrimination was initially passed by the US Congress in 1968 as Title VIII of the Civil Rights Act of 1968, which was meant as a follow-up to the Civil Rights Act of 1964 and is commonly known as the Fair Housing Act. It was updated by the Fair Housing Amendments Act of 1988 (42 U.S.C. §§ 3601 et seq.), which continues to be referred to as the Fair Housing Act. The corresponding State of Hawaii legislation is Chapter 515, Discrimination in Real Property Transactions, of the Hawaii Revised Statutes.

The Fair Housing Act prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. Its coverage includes private housing, housing that receives Federal financial assistance, and State and local government housing. It is unlawful to discriminate in any aspect of selling or renting housing or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising. However, in some circumstances, the Act exempts owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

The Fair Housing Act requires housing owners to provide people with disabilities with equal housing opportunities by making reasonable exceptions in their policies and operations. For example, a landlord may be required to grant an exception to a “no pets” policy by allowing a renter who is blind to keep a guide dog. The Act further requires that tenants with disabilities be allowed to make reasonable access-related modifications to their private living spaces as well as to common use spaces. Landlords are not required to pay for such changes, and tenants may be required to remove the changes at the end of their lease (although providers of housing receiving Federal assistance may be required to cover structural modification costs under Section 504 of the Rehabilitation Act). In addition, the Act requires that new covered multifamily housing with four or more units be designed and built to be accessible for wheelchair users. The Act’s seven accessibility requirements plus examples of design recommendations are provided below in *IV.A.7. Building Codes (Accessibility)*.

III.A. Fair Housing Complaints or Compliance Reviews

III.A.1. Overview of Fair Housing Complaints

Most fair housing complaints are based on assertions of discrimination due to membership in one of the protected classes enumerated in the Fair Housing Act. Complaints may also be based on alleged retaliation (for example, termination of a lease in response to the filing of a fair housing or other kind of complaint) or sexual harassment. Discriminatory actions include:

- ❖ Denying to any family the opportunity to apply for housing, or denying to any qualified applicant the opportunity to lease housing suitable to its needs;
- ❖ Providing housing that is different from that provided to others;
- ❖ Subjecting a person to segregation or disparate treatment;
- ❖ Restricting a person’s access to any benefit enjoyed by others in connection with the housing program;

- ❖ Treating a person differently in determining eligibility or other requirements for admission; or
- ❖ Denying a person access to the same level of services (Hawaii Public Housing Authority, 2016b).

Nationally, the primary agencies involved in processing fair housing complaints are: (1) HUD; (2) agencies funded by HUD's Fair Housing Assistance Program (FHAP) to enforce local or state laws consistent with the Fair Housing Act; (3) nonprofit fair housing or legal aid organizations, which are typically HUD-funded and member organizations of the National Fair Housing Alliance (NFHA); and (4) the US Department of Justice (typically handling a small number of broader pattern-of-practice and systemic cases that affect multiple individuals). In 2014, there were a total of 27,528 fair housing complaints reported nationally, of which 69.2% were processed by NFHA member agencies, 24.6% by FHAP agencies, 2.6% by HUD, and 0.2% by the US Department of Justice (National Fair Housing Alliance, 2015). A similar pattern is seen in Hawaii, where 130 fair housing complaints were submitted in 2015. The Legal Aid Society of Hawaii (LASH), a member of the NFHA, processed most of these complaints at 101 (77.7%) and the Hawaii Civil Rights Commission (HCRC), funded under HUD's FHAP program, processed 29 (22.3%). An unknown (but probably quite small) number of individuals do not submit their fair housing complaints through these channels but instead file civil suits directly with the appropriate US District Court (Bethel, *et al.*, 2014).

The processing of complaints involves receiving complaint submissions and ensuring they are complete; investigating whether complaints have cause while working with the parties to resolve the case through conciliation (in which event investigation of the case is typically halted); and taking action when complaints are considered to have cause. As a result of high rates of finding no cause plus an emphasis on conciliation, very few complaints reach the stage of being litigated in court (Bethel, *et al.*, 2014).

Table 30 summarizes HUD-HCRC data on reasons for case closure for complaints processed from 2001 through April 2016. The table is arranged to show the reasons from most common (highest number) to least common from top to bottom, and the primary complaint bases from most common to least common from left to right. The rates of case closure reasons for the disability primary basis are very similar to the rates for all primary bases combined. The disability primary basis rate for *no cause determination* is 44% (versus 47% for all complaints), for *conciliation/settlement successful* it is 26% (versus 28%), for *complainant withdrawal after resolution* it is 13% (versus 11%), and for *complainant withdrawal without resolution* it is 8% (versus 7%). The two case closure outcomes that might be considered satisfactory from the perspective of people filing fair housing complaints are *conciliation/settlement successful* and *complainant withdrawal after resolution*, which add up to 39% of the case closures for which disability was the primary basis.

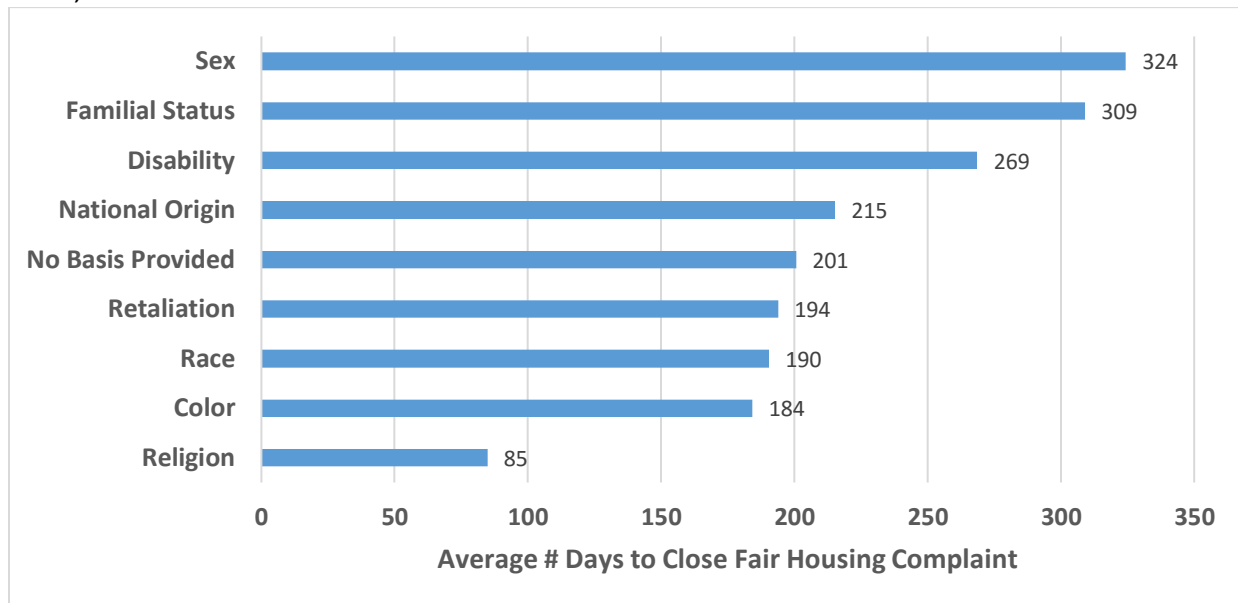
Another key indicator in analyses of fair housing complaints is the time it takes to reach case closure. The Fair Housing Act specifies that investigations by HUD and FHAP agencies should be completed within 100 days. This has historically been a challenge because these agencies are seldom provided with the resources that would be needed to achieve this timeline (Pratt, *et al.*, 2001). Figure 12 shows the average number of days to reach case closure according to the primary basis of complaints, 2001 to 2015. Disability-based closures took the third longest average time at 269 days, close to the average for all complaints of 251 days. The longest running disability-based

Table 30. Reasons for HUD-HCRC Case Closure, by Primary Basis of Fair Housing Complaint, 2001 through April 2016

Reason for Case Closure	All Primary Bases		Disability Basis		Race Basis		Familial Status		Sex Basis		National Origin Basis		Retaliation Basis		Color Basis		Religion Basis		Basis Missing	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
No cause determination	322	47%	134	44%	90	61%	29	36%	19	32%	23	50%	16	57%	7	78%	4	57%	0	0%
Conciliation/settlement successful	190	28%	80	26%	25	17%	31	39%	29	48%	13	28%	3	11%	2	22%	3	43%	4	80%
Complainant withdrawal after resolution	76	11%	40	13%	12	8%	8	10%	6	10%	5	11%	5	18%	0	0%	0	0%	0	0%
Complainant withdrawal without resolution	50	7%	26	8%	9	6%	3	4%	4	7%	3	7%	4	14%	0	0%	0	0%	1	20%
Complainant failed to cooperate	19	3%	10	3%	6	4%	1	1%	0	0%	2	4%	0	0%	0	0%	0	0%	0	0%
Dismissed for lack of jurisdiction	9	1%	6	2%	2	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
FHAP judicial consent order	8	1%	5	2%	2	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
FHAP judicial dismissal	5	1%	1	0%	1	1%	2	3%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Litigation ended - discrimination found	4	1%	2	1%	0	0%	1	1%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Unable to identify respondent	3	0%	0	0%	0	0%	3	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Unable to locate complainant	1	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Closed due start of trial	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	688	100%	306	100%	148	100%	80	100%	60	100%	46	100%	28	100%	9	100%	7	100%	5	100%

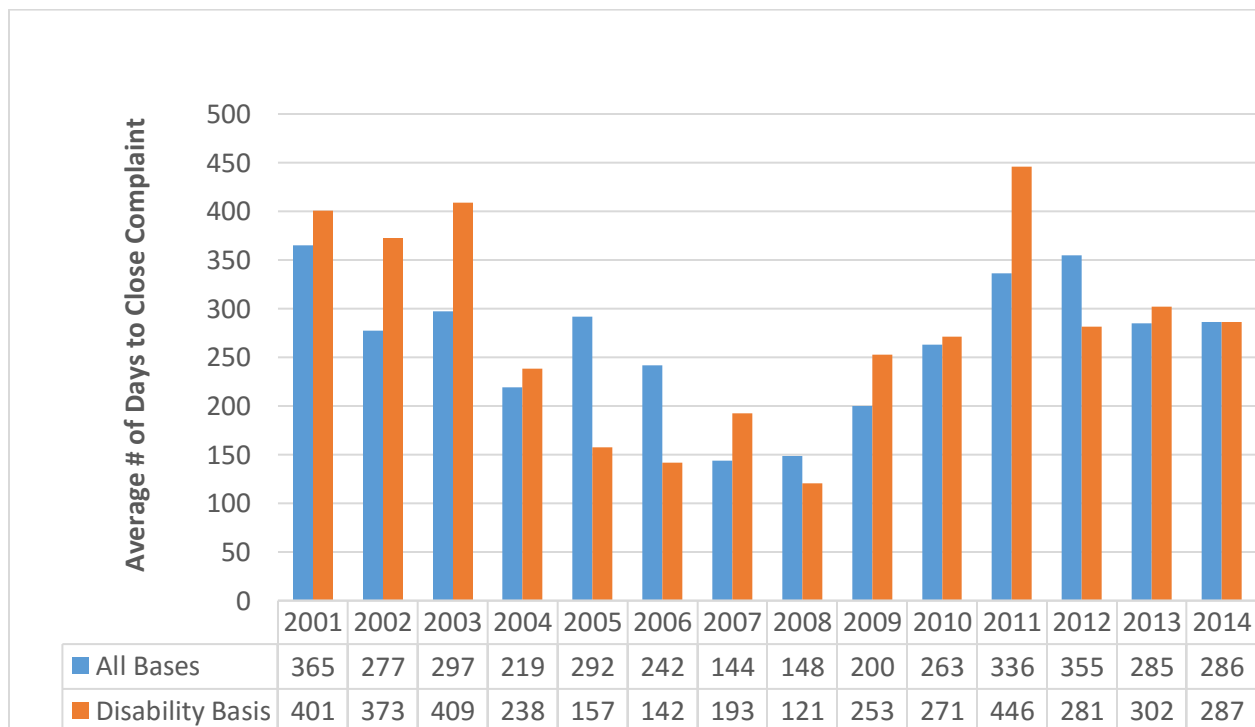
Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HUD, April 2016

Figure 12. Average Number of Days to Close HUD-HCRC Fair Housing Complaints, by Primary Basis, 2001-2015



Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HUD, April 2016

Figure 13. Average Number of Days to Close Fair Housing Complaint, by Year Submitted and Disability Primary Basis versus All Bases, 2001-2014



Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HUD, April 2016

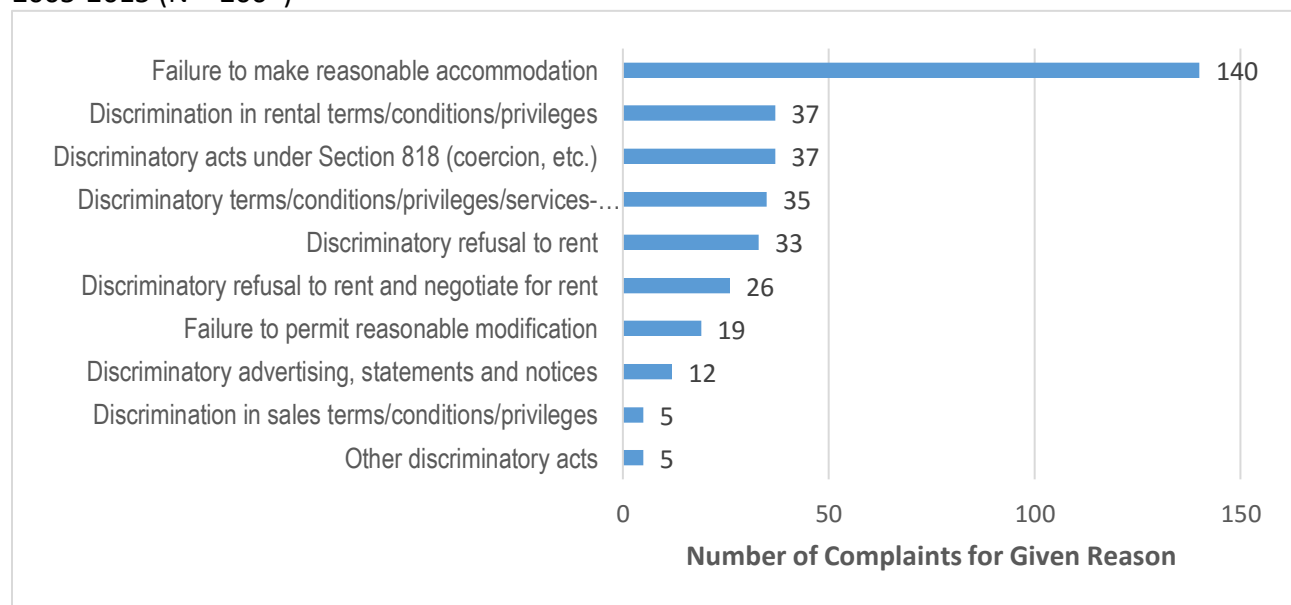
case took 2,374 days to close (two cases with other bases lasted longer, one based on sex and one based on familial status, which took the longest of any case at 3,171 days).

Figure 13 shows the average number of days to close complaints by year of filing, with those with a disability basis compared to all bases combined (data for 2015 are omitted because more than four out of 10 complaints filed that year were still open as of April 2016). For unknown reasons complaint filings in some years were closed at quite different rates for disability basis versus all bases, but the two rates were almost the same for the two most recent filing years shown, 2013 and 2014. As for many housing-related statistics, those for number of days to close fair housing complaints rose steeply in the years following the 2008 housing crisis associated with the Great Recession.

III.A.2. Fair Housing Complaints for Which Disability Was the Primary Basis

Both the HUD-HCRC and LASH data sets obtained for this Analysis of Impediments clearly show that disability is by far the most common primary basis for fair housing complaints. Over the 11 years from 2005, LASH processed a total of 1,279 fair housing complaints (116.3 per year), of which *disability* was the primary basis for 839 (76.3 per year) or 66%. Over the same period, HUD-HCRC processed 528 complaints (48.0 per year), for which *disability* was the primary basis for 241 (21.9 per year) or 45.6%. For the HUD-HCRC data set, the top 10 reasons for filing the 200 complaints for which disability was the *only* basis given are shown in Figure 14. *Failure to make reasonable accommodation* was by far the most common reason, provided for 140 (70.0%) of the 200 complaints for which disability was the only basis, and comprising 40.1% of the total of 349 reasons (average of 1.7 reasons per fair housing complaint).

Figure 14. Top 10 Reasons for Filing Disability-based Fair Housing Complaints with HUD-HCRC, 2005-2015 (N = 200*)



* The total number of reasons (349) exceeds the number of disability-based complaints (200) because many complaints listed more than one reason.

Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HUD, April 2016

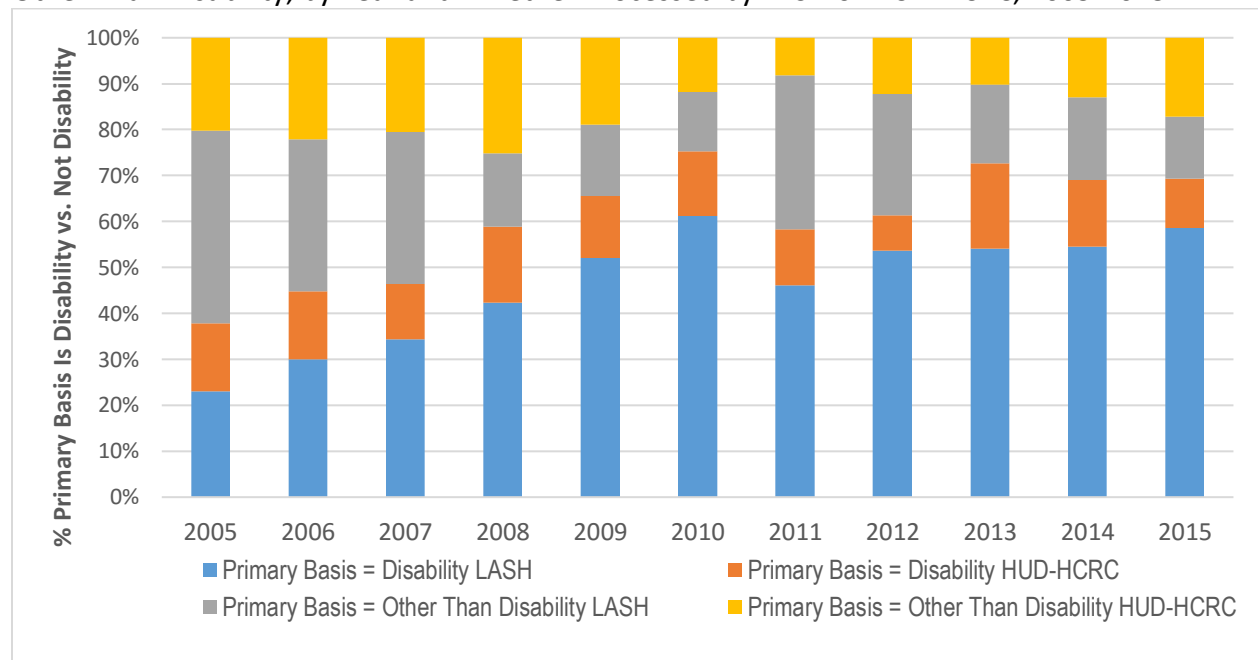
HUD-HCRC data also include a breakdown of the kinds of disability that are the basis of fair housing complaints. According to data for 2001-2015 for 213 housing complainants, 186 (87.3%) reportedly had a physical disability, 21 (9.9%) had a mental disability, and 6 (2.8%) had both. The high proportion of physical disabilities helps explain why the leading reason for disability-based complaints is *Failure to make reasonable accommodation*, which generally involves issues of physical accessibility. The different combinations of bases for HUD-HCRC fair housing complaints involving disability are tabulated in Table 31. The most common bases combined with *disability* were *retaliation* (51, or 18.1%), *race* (21, or 7.4%) and *sex* (14, or 5.0%).

Table 31. HUD-HCRC Fair Housing Complaints with Different Disability Basis Combinations, 2005-2015

Disability Is Primary Basis		#	%
Disability		200	70.9%
Disability, Retaliation		39	13.8%
Disability, Sex		5	1.8%
Disability, Sex, Retaliation		5	1.8%
Disability, Familial Status		2	0.7%
Disability, National Origin, Retaliation		2	0.7%
Disability, Color		1	0.4%
Disability, Familial Status, Retaliation		1	0.4%
Disability, National Origin		1	0.4%
Disability, National Origin, Color, Retaliation		1	0.4%
Disability, National Origin, Religion		1	0.4%
Disability, National Origin, Sex, Religion		1	0.4%
Disability Is a Secondary Basis			
Race, Disability		10	3.5%
Race, Disability, National Origin		4	1.4%
Race, Disability, Sex		3	1.1%
Race, Disability, Sex, Retaliation		2	0.7%
Race, Disability, Color		2	0.7%
Race, Disability, Color, Retaliation		1	0.4%
Race, Disability, National Origin, Sex, Religion		1	0.4%
TOTAL		282	100.0%

Source: Data provided by HUD, April 2016

Figure 15. Percent of Fair Housing Complaints for Which Primary Basis Was Disability versus Other Than Disability, by Year and Whether Processed by LASH or HUD-HCRC, 2005-2015



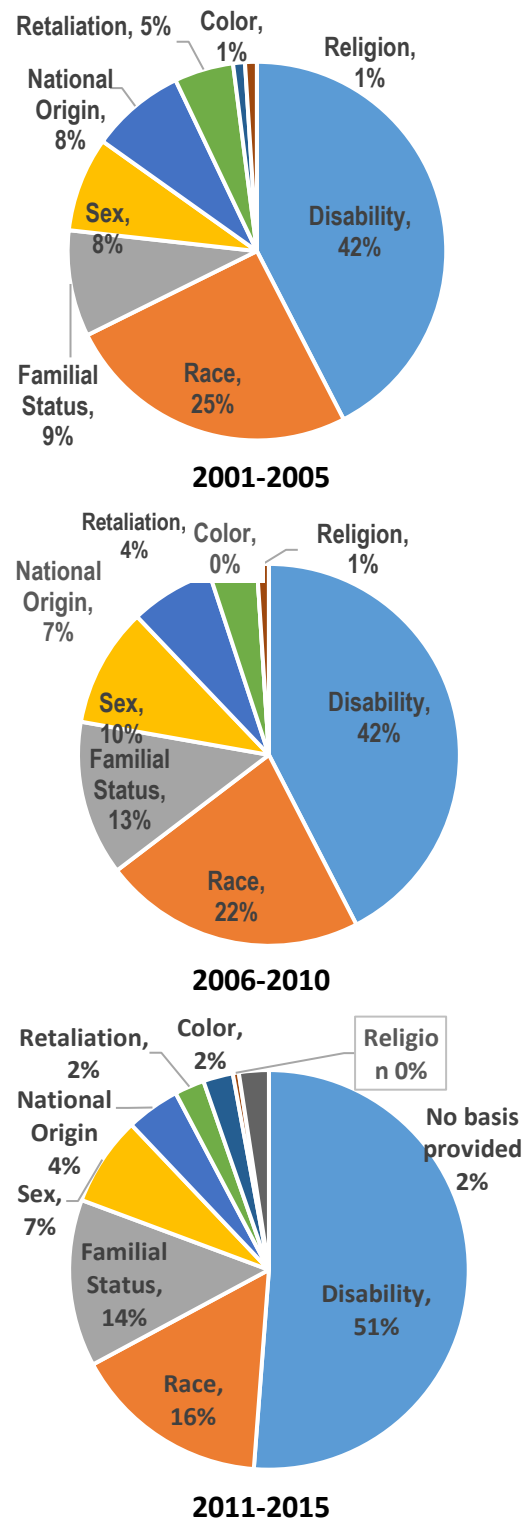
Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HUD, HCRC and LASH, April 2016

Figure 15 shows the percentages of all housing complaints processed annually by LASH and HUD-HCRC for which the primary basis was disability (blue and red portions of the bars combined) versus some other basis (gold and gray portions of the bars combined). Further discussion of the figure is provided below in *III.C. Reasons for Any Trends or Patterns*.

Further insight into fair housing complaints over time is provided by the three pie charts in Figure 16. Each chart summarizes HUD-HCRC complaint data for all protected classes for a five-year period (2001-2005, 2006-2010, and 2011-2015). Visual examination indicates the proportions of the different complaint bases remained fairly constant over time. *Disability* was by far the most common primary basis during each period, at 42% for both 2001-2005 and 2006-2010 and 51% for 2011-2015. The order of the next most common bases was consistent across the three time periods, with *race* second followed by *familial status*, *sex*, *national origin*, and *retaliation* (*color* and *religion* were only between 0% and 2% over each five-year period).

The number of fair housing complaints filed in each county corresponds roughly to its proportion of the state population, as illustrated in Figure 17. This figure shows the number of fair housing complaints for which disability was the primary basis that were filed by county during each five-year period from 2001-2015 for HUD-HCRC data and just for 2014-2015 for LASH data (because a breakout of county data was only available for this period). Considering just the most recent five-year period, 2011-2015, for HUD-HCRC data, there appears to be considerable deviation for the counties between their respective proportions of complaints and of the state population. Of the total of 106 HUD-HCRC complaints over the five years, 54.7% were from Honolulu County versus its 69.8% of the 2015 state population, 19.8% were from Hawaii County versus 13.7%, 2.8% were from Kauai County versus 5.0%, and 22.6% were from Maui County versus 11.5%. However, data available from LASH for 2014 and 2015 (during which it processed 149

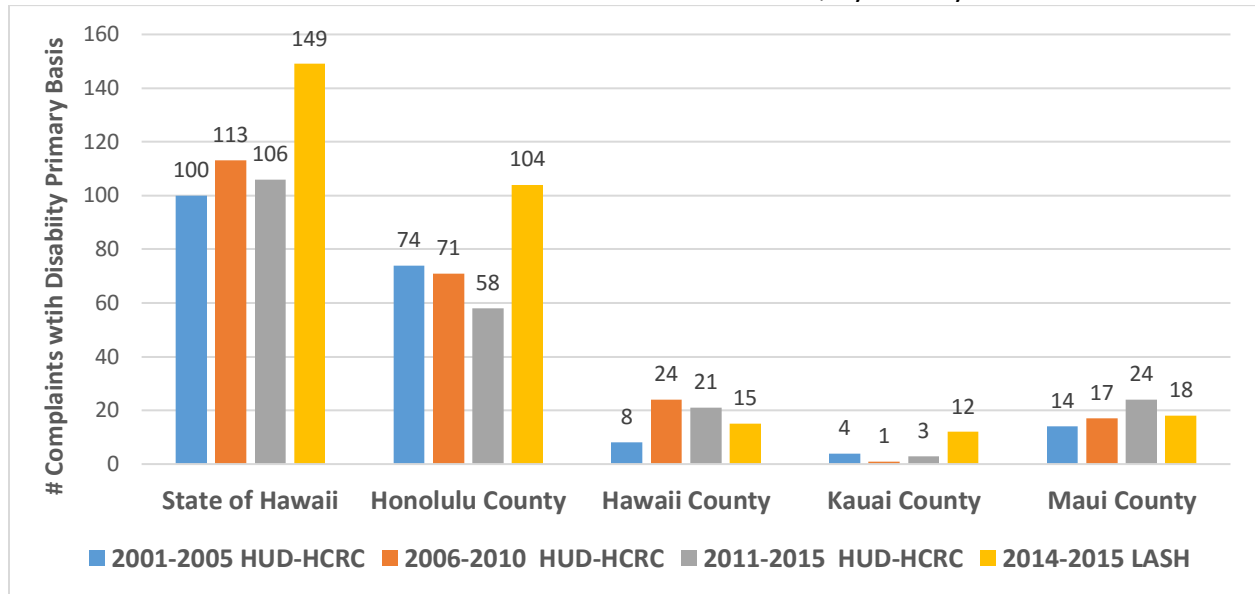
Figure 16. Primary Bases for Fair Housing Complaints to HUD-HCRC, 2001-2015



Source: Data provided by HUD and HCRC, April 2016

disability-based complaints compared to 33 for HUD-HCRC) suggest that complaint rates in the counties are actually much closer to their respective proportions of the state population, as follows: 69.8% of complaints through LASH were from Honolulu, 10.1% from Hawaii, 8.1% from Kauai, and 12.1% from Maui.

Figure 17. Number of Fair Housing Complaints for Which Disability Was the Primary Basis, over the Periods 2001-2015 for HUD-HCRC and 2014-2015 for LASH, by County



Source: University of Hawaii Center on Disabilities Studies calculations, based on data provided by HCRC and LASH, April 2016

III.A.3. Fair Housing Testing

In addition to processing fair housing complaints, LASH conducts fair housing tests as part of HUD's Fair Housing Enforcement Program. These tests may involve (1) particular individuals or agencies about whom complaints have been received, or (2) those selected randomly or according to a sampling design to assess housing provider practices within a neighborhood. Testing involves comparing how testers are treated when they apply for a rental or seek to purchase a housing unit as a member of a protected class versus not being a member of such a class. When testers appear to be treated differently based on protected class membership, further investigation may be conducted with possible outcomes including finding of support for existing fair housing complaints, filing of new complaints, or other remedies.

Table 32 summarizes the fair housing infraction tests conducted by LASH during 2015 for the disability protected class. Of the 26 tests, 23 (88.5%) were systemic and three (11.5%) were in response to complaints, while 19 (73.1%) concerned rentals, six (23.1%) concerned sales, and one (3.8%) concerned design and construction. Out of the 25 tests for which the location was provided, 19 (76.0%) were conducted in Honolulu County, three (12.0%) in Hawaii County, two (8.0%) in Kauai County, and one (4.0%) in Maui County. In the Test Outcome column of Table 32, 11 (42.3%) of the tests are labeled "No Further Investigation Necessary" because no differences in treatment occurred and no other evidence emerged to justify further action; nine (34.6%) are labeled "Further Investigation Necessary" because there was enough evidence of discrimination

to warrant more testing or referral for other action; and six (23.1%) are labeled “Incomplete” because investigation was still under way at the time these outcomes were compiled.

Table 32. Fair Housing Infraction Testing for the Disability Protected Class by Legal Aid Society of Hawaii during 2015

Date	Subject	Type	Zip Code	County	Test Outcome
Jan. 2015	D&C*	Complaint	96822	Oahu	Further Investigation Necessary
Feb. 2015	Rental	Systemic	96782	Oahu	Further Investigation Necessary
Mar. 2015	Rental	Systemic	96826	Oahu	Further Investigation Necessary
Apr. 2015	Rental	Systemic	96734	Oahu	Incomplete
May 2015	Rental	Systemic	96701	Oahu	No Further Investigation Necessary
May 2015	Rental	Complaint	96817	Oahu	Further Investigation Necessary
May 2015	Rental	Systemic	96720	Hawaii	Incomplete
May 2015	Rental	Systemic	96746	Kauai	No Further Investigation Necessary
May 2015	Rental	Systemic	96822	Oahu	Incomplete
Jul. 2015	Rental	Systemic	96720	Hawaii	No Further Investigation Necessary
Jul. 2015	Rental	Systemic	96753	Maui	Further Investigation Necessary
Aug. 2015	Rental	Systemic	96720	Hawaii	No Further Investigation Necessary
Oct. 2015	Rental	Systemic	96816	Oahu	Further Investigation Necessary
Oct. 2015	Rental	Systemic	96797	Oahu	No Further Investigation Necessary
Oct. 2015	Rental	Systemic	96826	Oahu	Incomplete
Oct. 2015	Rental	Systemic	96822	Oahu	Incomplete
Nov. 2015	Rental	Systemic	96826	Oahu	No Further Investigation Necessary
Nov. 2015	Rental	Systemic	96825	Oahu	Incomplete
Nov. 2015	Rental	Systemic	96797	Oahu	Further Investigation Necessary
Nov. 2015	Sales	Systemic	96815	Oahu	Further Investigation Necessary
Nov. 2015	Sales	Systemic	96815	Oahu	No Further Investigation Necessary
Nov. 2015	Sales	Systemic	96815	Oahu	No Further Investigation Necessary
Dec. 2015	Sales	Systemic	96815	Oahu	Further Investigation Necessary
Dec. 2015	Sales	Systemic	96815	Oahu	No Further Investigation Necessary
Dec. 2015	Sales	Systemic	96815	Kauai	No Further Investigation Necessary
Dec. 2015	Rental	Complaint	N.A.*	N.A.*	No Further Investigation Necessary

* D&C means “design and construction” and N.A. means “not available”

Source: Adapted from table provided by Legal Aid Society of Hawaii, May 2016

III.B. Fair Housing Discrimination Suits

Several fair housing discrimination suits were identified as having been filed since the last Analysis of Impediments for the State of Hawaii in 2010. In 2011, the non-profit Hawaii Appleseed Center for Law and Economic Justice filed a Federal lawsuit against the HPHA housing authority on behalf of three plaintiffs alleging hazardous conditions for people with disabilities at the 364-unit Mayor Wright Homes in the Kalihi neighborhood of Honolulu. A request to certify this lawsuit as a class action was denied but the plaintiffs were provided relief through a settlement. However, the Appleseed Center filed a separate State lawsuit alleging health and safety standards were being

violated at the housing complex, which the State settled for \$350,000 and also invested over \$5 million on renovations that included making sidewalks wheelchair accessible (Hofschneider, 2016).

In July 2015, a fair housing discrimination suit that was not based on disabilities was filed in Hilo Circuit Court against a church and its property manager for a building with rental units. A couple alleged they were discriminated against and forced to move because they were staying together but were not married (Burnett, 2015). According to court records, a sealed settlement was reached in February 2016 (Case ID 3CC151000245).

In addition, several complaints with disability discrimination as the primary basis were filed in 2016 against the HPHA that have the potential to become suits with broad impact. The most significant of the complaints was filed by the Hawaii Disability Rights Center with HUD's San Francisco Regional Office. This complaint alleges that the HPHA has violated Federal law by failing to meet requirements for the proportion of public housing units that must be wheelchair accessible (the four-page complaint is attached in Appendix E). According to the complaint:

After a multi-year investigation, we have determined that the HPHA has failed to meet its obligation under 24 C.F.R. §8.22(b), which requires that 5% of the total housing units be wheelchair accessible and an additional 2% of the total units be accessible to people with hearing and visual disabilities, and 24 C.F.R. § 8.23 (b), which requires 5% of the total units to be wheelchair accessible. As of February 2016, the HPHA had only 117 units out of its 5,932 total housing units that were fully compliant, which is just 1.97% of its total housing inventory.

Another two complaints against the HPHA were filed with the Hawaii Civil Rights Commission by two families represented by the non-profit Medical-Legal Partnership for Children in Hawaii. Both complaints allege discrimination that violates Federal law due to having to wait for an excessive period for the HPHA to respond to their requests to move to accessible units within their public housing complexes (Hofschneider, 2016).

III.C. Reasons for Any Trends or Patterns

When the US Congress enacted the Fair Housing Act of 1968, a central objective was to extend the protections against race-based discrimination of the Civil Rights Act of 1966 to the housing domain (religion, national origin and sex were also included as protected classes). According to Pratt, *et al.* (2001) and Schill and Friedman (1999), race was therefore initially the most common primary basis for fair housing complaints, but came to be surpassed by disability as a result of two major pieces of legislation. One was the Fair Housing Amendments Act of 1988, which added disability and familial status as protected classes. The other was the Americans with Disabilities Act of 1990, which raised awareness about disability-based discrimination and requires that public buildings and certain multifamily dwellings designed or constructed for first occupancy after March 31, 1991 be accessible to people with disabilities. In 1999, disability became the most common basis for fair housing complaints filed with HUD nationally, comprising 32.7% of complaints, followed by race at 29.4% and familial status at 15.4%. A similar pattern was seen in complaints to FHAP agencies, with race falling from 71.7% in 1990 to 43.7% in 1997, while disability increased from 0% to 26.5% and subsequently overtook race within a few years.

This upward trend for disability as the primary basis for fair housing complaints has continued in Hawaii over the past decade or so, as is evident in Figure 15. The blue-red blocks within each bar

represent the proportion of complaints with *disability* as the primary basis, and these rose each year from 35% in 2005 to 83% in 2010. The proportion fell to 58% the following year for unknown reasons, but steadily increased again to 81% in 2015. Over the same 2005 – 2010 – 2015 time period, *familial status* trended upward (9% to 13% to 14%), while *race* trended downward (25% to 22% to 16%) as did *national origin* (8% to 7% to 4%), and *sex* was variable over a narrow range (going from 8% to 10% to 7%).

III.D. Discussion of Other Fair Housing Concerns or Problems

Interviews with housing personnel as well as people with disabilities indicated that there are often disagreements or misunderstandings about documenting the presence of disability or assessing the need for service animals. In addition, in both of these areas, it is known that some people without disabilities may try to “game the system” in order to gain benefits that may come with being officially recognized as having a disability.

III.D.1. Requests for Housing Modifications and Accommodations

To help clarify Fair Housing Act requirements for disability-related *modifications* and *accommodations*, the US Department of Housing and Urban Development and the US Department of Justice issued a joint statement in 2008 that included this explanation of the difference between the two terms:

Under the Fair Housing Act, a reasonable modification is a structural change made to the premises whereas a reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service. A person with a disability may need either a reasonable accommodation or a reasonable modification, or both, in order to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. Generally, under the Fair Housing Act, the housing provider is responsible for the costs associated with a reasonable accommodation unless it is an undue financial and administrative burden, while the tenant or someone acting on the tenant's behalf, is responsible for costs associated with a reasonable modification (page 6).

For many people, the term *disability* is likely to bring to mind serious impairments of mobility, vision, and hearing in particular. These conditions may be classified as “visible” disabilities because they are readily identified based on use of wheelchairs, walkers, canes, hearing aids, or sign language. The problem of physical accessibility to housing and other buildings for people with mobility impairments has been addressed extensively in legislation, notably the Fair Housing Act and the ADA. The ADA also specifies a variety of accommodations that Title II entities (State and local governments) and Title III entities (businesses and nonprofit organizations that serve the public) must provide to support communication by and with people who have vision, hearing, and speech impairments (US Department of Justice, 2014). An example is signage in public housing complex elevators and other common areas that includes braille in order to accommodate people with severe vision impairments.

However, most people with disabilities have conditions that have been called “hidden” or “invisible” because they are generally not obvious to others during casual interactions. Common hidden disabilities include learning disabilities, attention disorders, chronic diseases such as diabetes, and psychiatric disorders such as depression. Although substance addictions are often considered disabilities, they are typically excluded for fair housing purposes. According to Chapter 515 of the Hawaii Revised Statutes, the term *disability* “does not include current illegal use of or

addiction to a controlled substance or alcohol or drug abuse that threatens the property or safety of others.”

Hidden disabilities are typically not associated with recognized needs for housing accommodations or modifications (or, as discussed in the following section, for service animals). There are exceptions, however, which often concern sensitivities to environmental factors. For example, some people with psychiatric disabilities or autism may be especially sensitive to loud noise. Other individuals may have *multiple chemical sensitivity* (MCS) or *environmental illness* (EI), caused by an inability to tolerate fumes and smells that might come from a wide range of sources. Those often encountered in the home include pesticides, solvents, new carpeting, fragranced products, cleaning products, and petroleum products and their combustion wastes. Symptoms may include headaches, impaired cognitive ability, cardiac and neurological abnormalities, bladder disturbances, depression, anxiety, gut problems, asthma, and sleep disorders (Neimark, 2013).

Historically, people reporting such sensitivities were often doubted because of the bewildering variety of possible symptoms and the fact that the great majority of other people did not have similar experiences. Health care professionals therefore tended to attribute claims of chemical or environmental sensitivities to psychological problems. However, although the diagnosis remains controversial, accumulating evidence supports the validity of MCS and EI (Donnay, 1999; Neimark, 2013). The US Department of Housing and Urban Development (1992) issued a memorandum that MCS and EI should be considered “handicaps” (the term used at that time for “disabilities”) under the Fair Housing Act because they “can be associated with physical impairments which substantially impair one or more of a person’s major life activities” (this memorandum is provided in Appendix F).

People with MCS or EI may therefore reasonably request housing accommodations that reduce or eliminate exposure to causative chemicals, such as having carpeting they experience as toxic replaced, stopping use of artificial air freshening fragrances in common areas, and providing advance notice of pesticide applications. In order to mitigate the possible harms of pesticides, which are often cited in fair housing complaints by people with MCS and EI, the US Department of Housing and Urban Development (2011) promotes the use of Integrated Pest Management (IPM) which employs non-chemical measures and least-toxic pesticides (this notice is provided in Appendix F).

The policy of the Hawaii Public Housing Authority (HPHA) is that managers should certify applications for accessible units or authorize disability-related accommodations and/or modifications when the disability is visible and obvious, such as use of a wheelchair. On the other hand, hidden disabilities require verification, which may be achieved by proof of the receipt of disability benefits from the Social Security Administration, which has already conducted an extensive disability verification process. If individuals do not receive such benefits, then they must obtain third-party verification from a medical doctor or other knowledgeable professional that they meet the HUD definition of disability. Similar procedures are mandated for private housing providers by the Fair Housing Act.

III.D.2. Service Animals

Under the Fair Housing Act, service animals are considered a reasonable accommodation for people with disabilities who can demonstrate a valid need, and denial of use of a service animal can be grounds for complaints of fair housing discrimination based on disability. Tenant-landlord disagreements over service animals primarily occur with regard to private housing where pets are

prohibited. Landlords and housing agents may need some education about their legal requirements regarding service animals.

Disagreements over service animals may also occur when pets are allowed but with limitations on number, kind, and/or size by condominium associations or public housing policies. HPHA's FAQs webpage (http://www.hpha.hawaii.gov/faqs/publichousing.html#federal_housing) explains that pets are not allowed in State public housing (with the exception, of course, for service animals) but they are allowed in Federal public housing. Only cats, dogs, birds, and fish are allowed, limited to one cat or dog no more than 25 pounds in weight, one medium bird or two small birds, and one aquarium no more than 25 gallons in size. Thus if people with disabilities want to have a guide dog weighing over 25 pounds, for example, they would need to go through the standard request process which may require documentation of the need for the exception.

One potential source of disagreement is when people with disabilities seek permission to keep service animals that are not dogs. Section 3 (Discriminatory Practices, revised 2011) of Chapter 515 defines *service animals* as "any animal that is trained to provide those life activities limited by the disability of the person" but only gives two kinds of service dog as examples. These are *guide dogs* (trained by a licensed guide dog trainer to guide people with severe vision impairments by means of a harness attached to the dog and a rigid handle grasped by the person) and *signal dogs* (trained to alert people with severe hearing impairments to intruders or sounds). However, people with disabilities have won a number of fair housing court cases allowing them to keep other kinds of service animal, particularly those that provide "emotional support" (Bazelon Center for Mental Health Law, 2011).

Dogs are the most common emotional support animals, but cats, rabbits, birds, and other animals have been accepted as qualified under the Fair Housing Act. However, the status of emotional support animals was thrown into question when the Disability Rights Section of the US Department of Justice (2011) announced revised final regulations for implementing the ADA's Title II (State and local government services) and Title III (public accommodations and commercial facilities). Under these revised regulations, only dogs and miniature ponies can qualify as service animals based on having been individually trained to do work or perform tasks that are directly related to the person's disability. However, dogs whose only function is to provide comfort or emotional support *do not* qualify as service animals under the ADA, and may therefore be excluded from facilities covered by Titles II and III. HUD's Office of Fair Housing and Equal Opportunity responded with a clarification that "species other than dogs, with or without training, and animals that provide emotional support have been recognized as necessary assistance animals under the reasonable accommodation provisions" of the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 (Pratt, 2011, page 2).

Thus, according to the Bazelon Center for Mental Health Law (2011), even when there are no-pet policies in place, "In most housing complexes, so long as the tenant has a letter or prescription from an appropriate professional, such as a therapist or physician, and meets the definition of a person with a disability, he or she is entitled to a reasonable accommodation that would allow an emotional support animal in the apartment (page 1)."

IV. IDENTIFICATION OF IMPEDIMENTS TO FAIR HOUSING CHOICE

IV.A. Public Sector

IV.A.1. Zoning and Site Selection

Zoning that it is designed to enhance or maintain the character and livability of an area may have legally actionable consequences if it impedes fair housing choice, whether or not that was the intention (US Department of Housing and Urban Development, 2013b). This section describes several zoning and site selection issues that have implications for fair housing choice on the part of people with disabilities in Hawaii.

IV.A.1.a. Accessory Dwelling Units (ADUs)

With regard to affordability, zoning that limits the numbers and/or types of allowable residences (such as prohibition of multifamily housing) is likely to contribute to higher sale prices and rental rates. As a result, lower income households may be priced out of the market and forced to compete for housing in other neighborhoods, thereby leading to higher housing costs in those areas as well (Rothwell & Massey, 2010).

In Honolulu over the past several years a hotly debated zoning issue has been whether to allow *accessory dwelling units* (ADUs) as a way to relatively quickly increase the number of available affordable rental units. To this end and in accord with the Oahu Islandwide Housing Strategy, the Honolulu City Council unanimously passed Ordinance 15-41 (commonly referred to as Bill 20) in September 2015, stating:

The purpose of this ordinance is to establish accessory dwelling units as a permitted use in all residential zoning districts, to encourage and accommodate the construction of accessory dwelling units, increase the number of affordable rental units and alleviate the housing shortage in the City, and to establish land use standards for those accessory dwelling units.

Honolulu already allowed homeowners to attach Ohana units to their existing homes, but only relatives by blood, marriage, or adoption can reside in such units (‘*ohana*’ is the Hawaiian word for “family”). The ADUs allowed by Bill 20 may be detached and occupied by anyone, although the maximum square footage is somewhat less than for Ohana units. A limit of one ADU of up to 400 square feet may be built on residentially zoned lots between the minimum size of 3,500 square feet up to 4,999 square feet, and one ADU of up to 800 square feet be built on lots 5,000 square feet or larger. ADUs are required to have a full kitchen, a bathroom, a living area, and a sleeping area (City and County of Honolulu, 2015a).

Bill 20 addressed the main objections raised by opponents of ADUs. To prevent their use for more lucrative transient vacation rentals, a six-month lease is required for ADU rentals. To address the possibility that ADUs might exacerbate lack of neighborhood parking, homeowners must provide at least one parking space per ADU. And to ensure that infrastructure does not become overstressed by additional residents, ADUs are to be built only where water, sewer, and roads are sufficient to handle the addition (Tani, 2015).

According to the Oahu Islandwide Housing Strategy, up to 100,000 homes may have the potential to add ADUs and about 250 such units are expected to be added each year (City and County of Honolulu, 2015c). However, only a handful of ADU applications were submitted during the half year after passage of Bill 20. To further incentivize ADU construction, in July 2016 the Honolulu

City Council unanimously passed Ordinance 16-19 (Bill 27), which waives the standard sewer hookup fee of \$6,624 per ADU as well as building permit fees and other charges (which typically total between \$2,000 and \$4,000) through June 30, 2018 (Honolulu Star-Advertiser Editorial Board, 2016).

The Counties of Hawaii, Maui and Kauai allow ADUs and/or Ohana units, but the minimum lot sizes are much larger than for Honolulu with its more densely concentrated housing. Required lot sizes are at least 10,000 square feet for Hawaii, 9,000 square feet for Kauai, and 7,500 square feet for Maui (Tani, 2015).

One argument in favor of ADUs is that they potentially provide affordable housing for people with disabilities, seniors, and the homeless (Tani, 2015). However, none of the Counties appear to have any requirements regarding accessibility, although some remodelers and builders are promoting the installation in ADUs of low-cost accessibility features that also enable *aging-in-place* (for example, Hawaii Renovation, 2016). In view of the existing cost and bureaucratic barriers to ADU construction and the lack of ADU accessibility requirements in Federal legislation, it appears highly unlikely that Hawaii's Counties might consider adding such requirements which would undoubtedly slow the rate ADU construction.

IV.A.1.b. Disallowance of Multiple Kitchens in House Design

As will also be discussed in *IV.A.2.e. Aging-in-Place and Livable or Age-friendly Communities*, multigenerational households (for which Hawaii's rate leads the nation) are considered an important asset for enabling aging-in-place. This is especially true for those seniors who might need help with self-care and other tasks of daily living, which is often willingly provided by younger relatives in the home. Many multigenerational households occupy large homes that could ideally be modified to accommodate the different family groupings. For example, grandparents could occupy the ground floor where they do not need to climb stairs, while the family of one of their children lives upstairs and is able to conveniently check on them. Alternatively, multigenerational households might seek such a home. According to a recent CNBC report, some homebuilders are profiting by catering to this market, which has grown substantially as the US population ages and the Great Recession led to more young adults being forced to live with their parents or for families to double up. A survey of about 20,000 home shoppers found that 44% would like to accommodate their elderly parents in their next home and 42% would like to accommodate their adult children. According to builders, the "wish list" for multigenerational housing includes separate entrances, main-floor bedroom suites with private kitchenettes and living spaces, and even separate outdoor spaces, so "the family can live under one roof, but not entirely together" (Olick, 2016).

One zoning barrier to multigenerational housing is a prohibition on separate kitchens within one home. According to the Hawaii State Legislature's Home for Life Task Force (2011):

The Land Use Ordinance is the biggest barrier (at least in Honolulu) to multigenerational housing as it specifically states that "there shall only be one kitchen" in a house. For truly independent living for each generation there needs to be more than one kitchen. The big fear of allowing more than one kitchen is that the multigenerational house will turn into rental apartments (page 15).

IV.A.1.c. "Not in My Back Yard" Opposition to Housing for Special Needs Groups

The requirements of the Fair Housing Act regarding group homes and local land policies are clarified in a joint statement issued by the US Department of Justice and the US Department of

Housing and Urban Development (1999, updated 2015). The primary issue at hand is the ability of local governments to control group living arrangements for people with disabilities. In particular, the disability discrimination provisions of the Act make it unlawful:

- ❖ “To utilize land use policies or actions that treat groups of persons with disabilities less favorably than groups of non-disabled persons. An example would be an ordinance prohibiting housing for persons with disabilities or a specific type of disability, such as mental illness, from locating in a particular area, while allowing other groups of unrelated individuals to live together in that area.”
- ❖ “To take action against, or deny a permit, for a home because of the disability of individuals who live or would live there. An example would be denying a building permit for a home because it was intended to provide housing for persons with mental retardation.”
- ❖ “To refuse to make reasonable accommodations in land use and zoning policies and procedures where such accommodations may be necessary to afford persons or groups of persons with disabilities an equal opportunity to use and enjoy housing.”

However, these provisions are not applicable for “Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders” (who are not considered to have disabilities under the Fair Housing Act based on those characteristics), nor for “individuals with or without disabilities who present a direct threat to the persons or property of others.” Many such individuals spend time in institutions such as hospitals for those with mental illness, prisons or jails, or residential substance abuse treatment programs, after which they are often released to halfway or clean-and-sober houses or other kinds of group home (the Joint Statement clarifies that *group home* “does not have a specific legal meaning”). The issue of whether they are part of the protected class of people with disabilities under the Fair Housing Act may therefore arise in deliberations about approving or extending permits for such group housing alternatives.

According to the Joint Statement, a key concept is that “local government may generally restrict the ability of groups of unrelated persons to live together as long as the restrictions are imposed on all such groups.” However, even if restrictions are uniformly imposed, people with disabilities are entitled to request reasonable accommodations in rules and policies. For example, a request might be for authorization for more people to live in a home than normally allowed. Each case must be decided on its own merits.

Local governments contravene the Fair Housing Act if they reject housing for any protected class, including people with disabilities, based on the stereotypical fears or prejudices about them on the part of neighbors. In Hawaii, such fears and prejudices are occasionally raised about existing or proposed group housing. A recent example was the approval of a conditional use permit change allowing the number of residents in a large safe-and-sober house to increase from five to 18, which led to 240 neighbors signing a petition in opposition to this substantial increase. The City and County of Honolulu responded that it issued the permit in compliance with the Fair Housing Act (Sakahara, 2014).

Hawaii has been identified as one of three states to impose “an explicit prohibition on a local government implementing ordinances or zoning schemes that discriminate against community based housing for people in recovery” (with such facilities being defined as offering housing rather than treatment services) (Florida Department of Children and Families, 2013). However, the relevant statute (Hawaii Revised Statutes §46-4 County Zoning, 2013) does require that, “(e) No

permit shall be issued by a county agency for the operation of a halfway house, a clean and sober home, or a drug rehabilitation home unless a public informational meeting is first held in the affected community.” It is not clear whether public objections at such meetings are meant to be given weight in the approval process.

No instances were identified of local zoning or land use policies being alleged or found to be discriminatory for people with disabilities in Hawaii in recent years.

IV.A.2. Neighborhood Revitalization, Municipal and Other Services, Employment-Housing-Transportation Linkage

This section summarizes major initiatives that are already or soon will be impacting entire neighborhoods with inevitable consequences for fair housing choice. It will be seen that housing for people with disabilities is only rarely addressed in the planning for these ongoing initiatives (with the exception of those focused on aging-in-place), making this an opportune but critical time for input from and advocacy by those committed to affirmatively furthering fair housing choice for people with disabilities.

IV.A.2.a. Honolulu High-Capacity Transit Corridor Project

The 20 mile Honolulu High-Capacity Transit Corridor Project, commonly referred to as the Honolulu Area Rapid Transit or HART Project, is Hawaii’s biggest ever infrastructure project. Construction of the light rail line began in 2012 starting at Kapolei, which is being developed as Oahu’s “second city” to serve the island’s southwest quadrant where a large proportion of recent and future housing construction is concentrated. The rail line, which is designed as almost entirely elevated, will pass through communities along the south of Oahu with stops at Aloha Stadium and the Honolulu International Airport before reaching downtown Honolulu and then ending at Ala Moana Shopping Center to the east of the downtown area. The line will be built in two phases, with the East Kapolei – Aloha Stadium portion expected to open in 2018 and the Aloha Stadium – Ala Moana Center portion in late 2021 (<http://honolulutransit.org/inform/rail-facts?catid=0>). However, cost overruns and engineering challenges (such as possible needs for expensive movement of utility lines) may require revisions of the timetable and even a shortening of the route, as well as possible cancelation of future extensions planned to reach the University of Hawaii at Manoa, Waikiki, and the new development area of Kalaeola to the southwest of Kapolei (Gallagher, 2016).

The HART’s design is meant to promote what is known as *transit-oriented development* or TOD in the vicinity of its rail stations. This type of urban development is meant to reduce overall traffic congestion by encouraging walking, biking, and use of mass transit, while at the same time reducing urban sprawl and increasing the housing stock by promoting construction of mixed-use retail and residential buildings. There is typically higher-density development close to rail stations with progressively lower-density development spreading outward up to about one-quarter mile, which is considered to be a comfortable distance for walking between stations and local attractions or housing. The resulting increased density around stations is considered essential for achieving sufficient ridership to ensure the financial viability of the HART (Boeing, 2014; City and County of Honolulu, 2015d).

A total of 21 rail stations are planned, with development around each to be guided by its own neighborhood TOD plan. The City and County of Honolulu’s Department of Planning and Permitting is coordinating the development of these plans except for two stations to be built in the

Kakaako Community Development District, the plans for which are the responsibility of the Hawaii Community Development Authority (<http://www.honolulu.gov/tod/neighborhood-tod-plans.html>).

Examination of the TOD plans for two contrasting areas, the 108-page plan for Waipahu (Van Meter Williams Pollack, 2014) and the 136-page plan for Downtown Honolulu (Dyett & Bhatia Urban and Regional Planners, 2015), found numerous descriptions of how stations and neighborhoods will be developed to be ADA compliant and fully accessible for riders and pedestrians. However, no mentions were found of guidelines or requirements for new housing to be constructed to meet the special needs of people with disabilities and seniors, nor were there mentions of visitability or universal design for housing.

The City and County of Honolulu is responsible (per Revised Ordinances of Honolulu Chapter 21-9.100, <https://www.honolulu.gov/ocs/roh/193-site-ocs-cat/975-roh-chapter-21.html>) for creating the specific land use and zoning regulations needed to implement each neighborhood TOD plan. This process has already started for the first of the TOD plans to be adopted, that for Waipahu which was adopted in April 2014 and covers two rail stations, for which the Department of Planning and Permitting has already submitted a draft bill for zoning and building height changes (City and County of Honolulu, 2015b). Again, however, this draft bill makes no mention of accessible or visitable housing, although there are provisions to encourage construction of ADUs and multifamily housing and a commitment to follow the Oahu Islandwide Housing Strategy with regard to promoting affordable housing construction.

The introduction to the draft zoning bill indicates that identical zoning proposals will be submitted for all the TOD neighborhoods. The most significant changes will be increases in building height limits to enable higher density usage and rezoning from single-use (for example, only apartment, residential, business, or industrial) to compatible mixed-use zoning within a quarter mile and in some cases up to a half mile from the stations. As a result, apartment zoning districts will become apartment mixed-use districts where some neighborhood-oriented commercial uses are allowed; business districts will become business mixed-use districts where residential uses are allowed; and some industrial districts will become industrial-commercial mixed-use districts. This mixed-usage approach is designed to reduce travel by car and encourage walking by bringing housing, jobs, shops, and services into convenient close proximity (City and County of Honolulu, 2016a).

IV.A.2.b. Kakaako Community Development District

The Governor-appointed Hawaii Community Development Authority (HCDA) was established in 1974 to promote and coordinate public and private sector collaboration on community development. Its biggest undertaking is development of the Kakaako District, which covers about 670 acres fronting Oahu's South Shore between Downtown Honolulu to the west and the Ala Moana Shopping Center and Waikiki to the east. Kakaako encompasses the Blaisdell concert and events complex, a substantial retail area, the University of Hawaii's School of Medicine, a large oceanside park, and many square blocks of light industrial buildings, warehouses, and auto repair facilities that are the primary focus of redevelopment. Until recently the area had a low-rise quality but the skyline is coming to be dominated by high-rise condominium buildings.

Unlike development in other parts of Honolulu County, for most purposes developers of Kakaako housing projects do not need approvals from the Hawaii Land Use Commission and the Honolulu City Council but go directly to the HCDA which establishes its own requirements in line with the master plans for Kakaako and several special districts within it. These plans are being updated

with a TOD “overlay” to incorporate development related to the HART (Hawaii Community Development Authority, 2013).

Kakaako’s redevelopment is expected to include construction of up to 30 major new condominium towers. Again, as for the neighborhood TOD plans described in the preceding section, examination of available documents found no guidelines or requirements for accessible housing features such as universal design and visitability that are likely to be of importance particularly for people with disabilities and seniors.

IV.A.2.c. Affordable Housing Requirements

Revision of affordable housing requirements is one of the four primary components of the Oahu Islandwide Housing Strategy to promote construction of affordable housing. Many US municipalities seek to accomplish this through *reserved housing* requirements that a certain proportion of units be affordable for defined low income levels. A major challenge is to structure requirements to maximize the number of affordable units, which are likely to have sales prices too low to be profitable, while still enabling developers to make enough of a profit from other units for them to be attracted to undertake housing projects.

Table 33 shows changes to the reserved housing requirements proposed within the Oahu Islandwide Housing Strategy, with the HCDA’s separate requirements for Kakaako summarized in the bottom row. The new requirements prioritize more affordable rental housing for households earning 80% of AMI or less, extend the period affordability for three times longer, and provide greater flexibility to meet developers’ needs by giving them four options for meeting the requirements (City and County of Honolulu, 2015c).

Table 33. Current and Proposed Affordable Housing Requirements for Honolulu County

Current Unilateral Agreement Rules	Proposed Affordable Housing Requirement
Applies to projects needing rezoning at 10 units or more.	Applies to projects islandwide needing building permits for 10 units or more, with different percentages for rental and for-sale. May be adjusted for varying unit sizes and lower income ranges.
Options:	Four options:
A minimum of 30% of total units must be affordable to those earning up to 140% AMI.	CONSTRUCTION ON-SITE: If Rental: 15% of the units at up to 80% of AMI If For-Sale: 20% of the units at up to 120% of AMI (1/2 up to 100%)
Of this 30% , a minimum 20% of the total units must be affordable to those earning up to 120% AMI, of which 10% of the total units must be affordable to those earning up to 80% AMI.	CONSTRUCTION OFF-SITE: If Rental: 15% of the units at up to 80% of AMI If For-Sale: 25% of the units at up to 120% of AMI (1/2 up to 100%) IN LIEU OF CONSTRUCTION FEE or LAND DEDICATION: Cash contribution or improved land in lieu of building affordable units (proposed fee \$45 per finished SF).
Minimum required period of affordability 10 years .	Minimum required period of affordability 30 years .
<i>Note: HCDA Reserved Housing Rules for development in Kakaako require 20% of for-sale units (for 5 years) and 15% of rental units (for 15 years), both at up to 140% of AMI. Updated draft rules under review by HCDA are more in alignment with the City’s draft affordable housing requirement.</i>	

Source: City and County of Honolulu (2015c, page 1).

The structure of the HCDA’s reserved housing requirements has raised concerns about its commitment to affordability, especially in view of news reports about how nearly all of Kakaako’s condominium projects to date are being marketed as luxury housing to the wealthy with many units going for well over \$1 million and with monthly maintenance fees exceeding \$1,000 (Berger, 2015). Nearly all of the reserved units in projects completed, under construction, or

approved to date are meant for households earning between 90% to 140% of AMI. There are two relatively small rental projects overseen by the HCDA that have lower income limits: (1) Nohana Hale with 105 energy-efficient micro-units (under 300 square feet) meant for families earning 60% or less of AMI, with 10% of the units set aside for families earning 30% or less of AMI, and (2) Ola Ka Ilima Artspace, a mixed-use non-profit Native Hawaiian traditional arts complex with 84 units of affordable live/work space for low-income artists and their families earning 30%, 50% or 60% of AMI or less (Artspace, 2016; Hawaii Community Development Authority, 2015; Shimogawa, 2015b).

The HCDA has responded to concerns about its affordable housing requirements on its FAQs webpage for the Kakaako Mauka Master Plan (<http://dbedt.hawaii.gov/hcda/faqs/>). A section on Reserved and Workforce Housing includes several pointed questions from the public about why HCDA's primary affordable housing focus is for households earning between 100% to 140% of AMI, leaving out people at lower income levels, to which the HCDA replies:

Building extremely low income housing (for those making under 60% AMI, or less than \$44,604 for a family of three) requires hundreds of thousands of dollars in subsidies, which the HCDA does not control. Instead, other state and federal agencies assist with providing such funding and thereby produce housing for much lower income groups. The HCDA thereby targets the "gap group," or working families who make too much to qualify for government assistance like Section 8, but make too little to afford market prices in town.

The HCDA has also been criticized for having a relatively short period during which it will have first option to purchase reserved housing, which helps prevent the early transfer of affordable units to the open market where they would almost certainly no longer be affordable. In response to the question, "How does the HCDA ensure that units sold as reserved housing are not resold to people earning more than the 100-140% AMI income level?" the HCDA states:

Reserved housing units are currently regulated for up to 10 years, which means that if an owner of a reserved housing wants to sell the units, the HCDA retains the first option to purchase. However, even once the regulated period expires, the original buyer still owes HCDA shared equity in the unit. The shared equity is the difference between the unit's market price and the actual price the buyer paid, which is generally lower than market value. Because of this shared equity provision, buyers of reserved housing generally cannot collect "windfall profits" when they sell after their regulated term is up, as they would still owe much of that money to the HCDA upon first sale of the unit, regardless if they sell within 10 years, 20 years, 50 years, or more.

In response to the question, "Does the Kakaako Mauka Master Plan provide for low-income/special needs housing or related opportunities for individuals who are considered disabled and rely solely on social security for their income?" the HCDA states:

The HCDA's Mauka Area Plan and Rules provide provisions for development of housing within the KCDD that is affordable to families with low to moderate income. There is no specific requirement for special needs housing. However, housing developed by State agencies must be compliant with the requirements of the Americans with Disabilities Act (ADA).

The tremendous pent-up demand for affordable housing is reflected in the rapid sale of "workforce housing" units reserved for first-time home buyers earning less than 140% of AMI at Ke Kilohana

in Kakaako. This 424-unit 43-story condominium is being built by the Howard Hughes Corporation within its 60-acre master planned community known as Ward Village. This condominium contrasts with other towers by reserving nearly all units, with 375 (88.4%) reserved and priced from \$323,475 for a 549 square foot one bedroom unit to \$560,774 for a 1,164 square foot three bedroom unit. Over 3,500 people attended informational seminars on purchasing reserved units at Ke Kilohana, and 956 applications were submitted for a lottery that was held April 15, 2016, with all 375 reserved units contracted within five days (Howard Hughes Corporation, 2016; Napier, 2016).

On the other hand, sales at the “ultra luxury” Waiea condominium also being built by the Howard Hughes Corporation in Ward Village underline why many developers much prefer to focus on this sector of the market. As of April 30, 2016, the project was about 20% built and binding contracts had been signed for 148 of 177 units (83.6%) at an average price of \$3.7 million, with two penthouse units still on the market for over \$35 million each (Gomes, 2015). The reserved units required for the Waiea tower were negotiated to be “offsite” (rather than within the building) through construction of an all-affordable project in Ward Village (Shimogawa, 2015a).

However, there are worries that the sprouting of luxury condominiums in Kakaako and the nearby Ala Moana area, which began in 2006, has reached an overpriced “bubble” that may be bursting, as indicated by falling demand and the cancellation of some projects. If this situation continues, the building of affordable units in Kakaako will also slow (Wallace, 2016).

IV.A.2.d. LEED for Neighborhood Development

Promotional materials for the just-described Ward Village promote the fact that it is Hawaii’s only project to receive LEED-Neighborhood Development (ND) certification at the highest platinum level, and also the largest neighborhood development in the country to receive this platinum certification (Kboudi, 2014). When completed within the next 12 to 15 years (depending on market conditions), Ward Village will have close to nine million square feet of mixed-use development, including over one million square feet of retail space and up to 22 towers with 4,300 residential units (Gomes, 2015). The large size and high profile of the Ward Village development may help promote wider adoption of the LEED-ND standards in other areas of Hawaii, with enhancement of accessibility in housing as a possible result.

The Leadership in Energy and Environmental Design (LEED) rating systems have been developed by the non-profit US Green Building Council (2016) as voluntary market-driven and consensus-based frameworks for identifying, implementing, and measuring the features of buildings and neighborhoods that support environmental stewardship and sustainability (Welch, *et al.*, 2011). Such features are commonly referred to as being “green” and are also reflected in the well-known Native Hawaiian core value of *malama i ka ‘aina*, meaning to care for and nurture the land so it can give back what is needed to sustain human life.

The LEED-ND rating system was launched in 2009 with a maximum possible score of 110, with the following possible levels: 40-49 points Certified, 50-59 points Silver, 60-79 points Gold, and 80 or more points Platinum. Of note for accessible housing, the scoring includes assessment of “Visitability and Universal Design” (see *IV.C.3. Visitability in Housing* below for a description of how this component is scored).

LEED-ND appears to be having an impact in Hawaii. According to the US Green Building Council website (<http://www.usgbc.org/projects/neighborhood-development>), certification is in process

for the master-planned community of Hoopili on about 1,600 acres in West Oahu, with 11,750 housing units planned to be built by D. R. Horton-Schuler over the next 20 to 25 years with 30% priced as affordable (Shimogawa, 2016). In addition, two military housing projects, at Fort Shafter and Marine Corps Base Hawaii, took part in the LEED-ND pilot and scored at the Certified level.

IV.A.2.e. Aging-in-Place and Livable or Age-Friendly Communities

The concept of *aging-in-place* has come to be promoted as a guiding principle for planning and construction at the levels of both the individual home and the wider community. The idea is for homes and communities to be as accessible and usable as possible for people as they grow older and become more likely to develop mobility, sensory, and/or cognitive impairments. This supports seniors to avoid or delay having to enter an expensive care setting where they may be isolated from their normal social contacts (Maisel, *et al.*, 2008). It is understandable that people generally want to be able to remain in their homes and communities where they have well-established social ties and daily habits as well as familiarity with available supports and resources. This was confirmed for Honolulu residents in a recent survey of about 600 residents over the age of 45, 79% of whom stated it is extremely or very important to them to stay in their homes as they age, and 68% of whom stated likewise for their communities (Nelson & Harrison, 2014).

Aging-in-place is often described as requiring *livable communities*, defined as those designed to meet the needs of people of all ages and abilities through the following characteristics (all of these characteristics have been presented in promotional materials as guiding planning for the TOD zones and Kakaako District described above) (Bonner & Dierenfield, 2011).

- ❖ **Walkability**, a measure of how friendly an area is to walking.
- ❖ **Multi-modal transportation**, providing a range of options including walking, biking, public transportation, and driving.
- ❖ **Mixed-use development**, in which there is planned integration of some combination of residential, retail, office, recreation, hotel, or other functions, which can support aging-in-place by providing seniors with the services and activities they need within walking distance or a short ride.
- ❖ **Universal design**, through which buildings and products are made accessible and usable by the widest possible range of people.

Universal design is also important for aging-in-place at the individual home level, along with *visitability* features that make homes accessible to people with mobility impairments. Although *visitability* and *design for aging-in-place* are sometimes used interchangeably, design for aging-in-place may require more specialized features than does basic visitability, depending on individual needs (Maisel, *et al.*, 2008).

Closely related to the concept of livable communities is that of *age-friendly communities and cities*, which has been adopted by the City and County of Honolulu to help guide its development and redevelopment initiatives. In 2013, Honolulu became a member of both the World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities and the AARP's National Network of Age-Friendly Communities. Numerous stakeholders were convened to develop an action plan for Honolulu's Age-Friendly City Initiative that was completed in Summer 2015 through the efforts of six workgroups. The workgroups addressed the following domains as recommended by the WHO: outdoor spaces and buildings; transportation; housing; communication and social involvement; civic participation and employment; and community

support and health services (University of Hawaii Center on Aging, 2015). The Housing Workgroup based its activities on the following vision:

We envision a city where people have a range of appropriate, safe and affordable housing options to accommodate changing preferences and needs over time. Whether a single family home, townhouse, condominium or apartment and whether living in the city, suburb or in the country, housing is physically accessible, clean, and safe. People are connected to and care about their neighbors and neighborhoods. Communities are walkable, and therefore promote health, with nearby access to public transportation. Services such as grocery stores, pharmacies, and doctor's offices are readily accessible. Residents are able to age in place in their homes and communities throughout their lives, if desired. For those who choose to downsize, relocate closer to family members, or require more assistance with daily living, there are affordable housing options in or near their community of choice (pages 45-46).

The Housing Workgroup developed the following goals and recommendations (page xiv), which are all based to some extent on identification by local experts of what, for the purposes of this Analysis of Impediments, can be considered impediments to fair housing choice for older people with or at-risk for disabilities. Many of the Workgroup's proposed action steps are therefore incorporated in the recommendations section of VI. *Conclusions and Recommendations*.

❖ **Goal A: Affordable housing options are widely available**

- Revise current permitting requirements
- Maintain supply of affordable housing
- Increase home building efficiency
- Develop and expand shared housing opportunities
- Incentivize rental developers
- Increase the supply of available land

❖ **Goal B: Home modifications are affordable and widely available to older adults and persons with disabilities**

- Streamline permitting process for home modifications
- Promote education and awareness of home modification and universal design
- Provide financial assistance with home modifications for older persons and persons with disabilities

❖ **Goal C: Age-friendly design is incorporated in new housing communities and units**

- Make age-friendly design attractive to developers
- Create multigenerational and/or senior only developments
- Promote basic accessibility requirements (for example, adopt *visitability* regulations in new construction)
- Include emergency preparedness in planning and design
- Take advantage of Naturally Occurring Retirement Communities (NORCs, defined as apartment buildings or neighborhoods where at least 40% of residents are at least 60 years old)

❖ **Goal D: Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing**

- Revise Land Use Ordinance (LUO) and accompanying regulations
- Include ADUs in new housing developments (page xiv).

A study of how to promote aging-in-place at the state level was initiated by the State Legislature's Home for Life Task Force (created in 2009 by SCR 7, SO 1, which was amended in 2010 by HCR 13). According to the Resolution, the task force's purpose was "to reduce barriers to aging in place and to facilitate multigenerational living" with special attention to encouraging the use of universal design principles in new construction and renovated housing. However, the Task Force's request for the Legislature to extend its term was not met and most of the recommendations in its draft report concern further research that should be conducted.

It is encouraging that Hawaii's developers and landowners generally already have knowledge of and appreciation of the concepts that lead to livable and age-friendly communities. According to an AARP Hawaii survey of developers and landowners, 65% stated that they currently apply the concept of *multi-modal transportation* and 81% expect to do so in the future; 62% currently apply *mixed-use development* and 81% expect to do so; 50% currently apply *visitability* and 65% expect to do so; and 81% currently apply *walkability* and 88% expect to do so. Less than one-third of developers reported focusing on housing for people over 50 years old in the past, but over two-thirds feel the aging of Hawaii's population will affect them in the future and about half expect that housing projects for those 65 years and older will be profitable for them. However, they also identified significant barriers that must be first be addressed (Bonner & Dierenfield, 2011).

Also encouraging for the prospects of aging-in-place is that multigenerational living is well-accepted and common in Hawaii. When different generations live together, younger family members can help ensure that the special needs of older members are being met, and vice versa, depending on their respective health statuses. According to American Community Survey data for 2010 compiled by the Executive Office on Aging of the Hawaii Department of Health (2013b), Hawaii ranks as the state with the highest rate of multigenerational living, at 7.2% of households. This high rate contributes to the 2010 Census finding that only 31.7% of Hawaii's older adults live alone compared to 40.6% nationally. A major reason appears to be that multigenerational households have traditionally been the cultural norm for the residents of Native Hawaiian, other Pacific Islander, and Asian heritage who comprise the majority of the populace. Many residents are immigrants who presumably remain strongly influenced by their traditional cultural values, as reflected in 2010 Census findings that 30.2% of Hawaii's older adults speak languages other than English in the home, compared to 14.1% nationally. Also contributing to Hawaii's high rate of multigenerational living is that, according to the 2010 Census, about 45% of grandparents are responsible for a grandchild under 18 years of age, compared to 33% nationally.

IV.A.2.f. HUD Programs to Deconcentrate Public Housing

Over the years HUD has funded efforts to revitalize aging public housing projects through mixed-income/mixed-tenure developments that serve to "deconcentrate" subsidized housing. The primary program to accomplish this has been HOPE (Housing Opportunities for People Everywhere) VI. HOPE VI has funded the transformation of numerous urban neighborhoods across the country, but the program has been criticized for displacing many public housing residents during the construction phase, with some unable to return to public housing in their home neighborhood due to stricter eligibility requirements (Goetz, 2004; Urban Design Associates, 2000). HUD's Choice Neighborhoods Initiative, launched in 2010, addresses these criticisms by closely involving the local community in planning that links public housing improvements with improvements in essential community services, including schools, public transit, and employment opportunities.

In 2012, HUD awarded a \$300,000 Choice Neighborhoods Planning Grant to the Michaels Development Company which is collaborating with the HPHA to revitalize and transform the 24-acre Kuhio Park Neighborhood in the Kalihi area of Honolulu. A “grassroots” approach is being used to coordinate planning with other relevant initiatives, including those for TOD and LEED-ND described above. The hope is that the resulting Transformation Plan will be selected by HUD for a multi-million dollar implementation grant. The Michaels Development Group and the HPHA have already collaborated to complete the first step through Hawaii’s first public-private partnership to renovate public housing. This involved leveraging private funds, LIHTC, and other sources of financing to renovate the two 16-story buildings known as Kuhio Park Terrace, built in 1963. The work was completed over about two years through mid-2013 at a cost of \$135 million. Of the 555 units in the towers, 347 were retained as public housing, 150 were converted to Project Based Section 8, and the remaining 58 were made into rentals at 40% of AMI. In addition, 33 (5.9%) of the units were reconfigured to be wheelchair accessible, making what is now known as the Towers at Kuhio Park in compliance with the HUD requirement that at least 5% of subsidized units be wheelchair accessible (Hawaii Reporter, 2011; WRNS Studio Hawaii, 2014).

HUD continues to implement HOPE VI on a smaller scale through its Main Street Program, which provides grants to small communities for the renovation of an historic or traditional central business district or “main street” area. The approach is to replace unused or obsolete commercial space in buildings with affordable housing units. However, no communities in Hawaii could be identified as having applied for or participated in this program.

IV.A.3. Public Housing and Other Assisted/Insured Housing Provider Tenant Selection Procedures; Housing Choices for Certificate and Voucher Holders

IV.A.3.a. Public Housing Tenant Selection Procedures

The Admissions and Continued Occupancy Policy of the Hawaii Public Housing Authority (2016a) specifies two groups as local preferences in public housing allocation. One group is *working families*, defined as those with at least one adult who has been employed for at least the preceding 12 months. The other group consists of those *unable to work because of age or disability*, referring to household heads or spouses who “are age 62 or older or are receiving social security disability, supplemental security income disability benefits, or any other payments based on an individual’s inability to work” (<http://www.hpha.hawaii.gov/documents/ACOP-071112/CH-4.pdf>). The HPHA’s policy is to make known the availability of specific accommodations in forms and letters to all families, and to verify all requests in order to properly accommodate the specific needs associated with the disability.

The primary impediment to fair housing choice for people with disabilities in public housing tenant selection is that there are far too few accessible units to meet demand from the local preference group of those *unable to work because of age or disability*. Public housing wait lists have a section for those who qualify for disability-related housing accommodations. According to HPHA policy, when a unit becomes vacant, it is offered first to current public housing occupants who require the special features of the vacant unit, and then to similarly qualified applicants still on the wait list.

IV.A.3.b. Housing Choices for Certificate and Voucher Holders

As described in *II.D.6. Section 8 Housing Choice Voucher (HCV) Program*, all counties have long wait lists that are created through random selection of all applications received during brief windows of a few days or weeks that are publicized to the public. There are typically no criteria

besides meeting the income guidelines, although the most recent open application period of the HPHA for Honolulu County in August 2016 limited applications to those who are homeless, victims of domestic violence, or involuntarily displaced.

When applicants reach the top of the wait list and receive their vouchers, they have limited time (usually 60 days) to find housing but may face substantial impediments due to the tight market for affordable rentals. As a result, some voucher holders may be forced to accept units with fewer bedrooms than they qualify for, and about 20% end up returning their vouchers due to the unavailability of suitable housing. Several people with disabilities interviewed for this Analysis of Impediments reported that they or others they knew with mobility impairments had to return their vouchers because they could not find accessible housing within the time limit. Another factor is that landlords may be reluctant to rent to Section 8 tenants because they have never heard of the program, object to the required inspections to make sure their units meet HUD minimum requirements, and/or have prejudices about low-income people (Johnson, 2015; Mendoza, 2015). As for most jurisdictions, in Hawaii it is not illegal to reject prospective tenants because they have Section 8 vouchers, and rental advertisements on Craigslist and elsewhere often specify that these vouchers will not be accepted. A bill to prevent landlord discrimination against Section 8 tenants was submitted during the 2015 session of the State Legislature but did not reach a vote (Bussewitz, 2016).

IV.A.4. Sale of Subsidized Housing and Possible Displacement

The transfer by the HPHA of some of its Kuhio Park holdings to establish a public-private partnership was the only instance of subsidized housing being sold that could be identified since the last State of Hawaii Analysis of Impediments was conducted in 2010. According to the draft of an independent auditor's report for 2015 (The Auditor, State of Hawaii, 2016):

On August 20, 2009, the HPHA Board of Directors approved the selection of the Michaels Development Company to undertake a mixed finance redevelopment project at the Kuhio Park Terrace and Kuhio Homes (KPT/KH). On May 12, 2011 the sale of Kuhio Park Terrace closed and the HPHA received sale proceeds in the amount of \$3.1 million (page 80).

Further financial details from the audit report are provided in Appendix G. The purpose of the sale was to enable renovation of the Kuhio Park Towers. There was no displacement as a result because, as described in *IV.A.2.f. HUD Programs to Deconcentrate Public Housing*, all 555 units remain available as subsidized housing, with rents for the public housing units remaining income-based and averaging about \$500. In addition, tenants were able to remain onsite while their units were renovated in a set of "hotel" units created for that purpose (Hawaii Reporter, 2011).

IV.A.5. Property Tax Policies

As explained in *II.D.1.c. Housing Market Impacts of Home Buyers from Outside Hawaii*, Hawaii's relatively low property taxes have been identified as a contributor to the affordable housing shortage because they increase housing demand by attracting homebuyers and investors from outside the state.

IV.A.6. Planning and Zoning Boards

Boards, commissions, and councils for planning, zoning, public housing, and building codes were identified by searching the websites of each of the County governments and examination of the State of Hawaii Boards and Commissions Directory (<http://boards.hawaii.gov/boards-directory/>).

Only two bodies were identified as requiring that at least one member be a person with disabilities or an advocate for people with disabilities to help ensure that issues of importance to this population are raised and addressed. The **HPHA Board of Directors** consists of nine public members appointed by the Governor and two ex-officio members (the Governor's designee and the Director of the Hawaii Department of Human Services). At least one of the public members is required to be an "advocate for disability." The **Disability and Communication Access Board (DCAB)** has 17 Governor-appointed members who, as of September 2016, included 11 who were people with disabilities or were parents or guardians of people with disabilities.

No requirements for representation by or on behalf of people with disabilities were found for the following bodies: Hawaii Community Development Authority; Hawaii County Planning Commission; Hawaiian Homes Commission; Honolulu Authority for Rapid Transportation (Board of Directors); Honolulu Planning Commission; Kauai Planning Commission; Lanai Planning Commission; Maui Board of Variances and Appeals; Maui Planning Commission; State Board of Land and Natural Resources; State Building Code Council; State Land Use Commission; and State Real Estate Commission.

IV.A.7. Building Codes (Accessibility)

IV.A.7.a. Accessibility Requirements

As discussed in HUD's *Fair Housing Act Design Manual* (US Department of Housing and Urban Development, 1998), the protected class of people with disabilities is unique in that it is the only protected class that can be discriminated against solely by how the built environment is designed. The Fair Housing Act provides a partial remedy by establishing basic accessibility design and construction requirements for *covered multifamily housing* built for first occupancy after March 13, 1991, with failure to meet these requirements considered to be unlawful discrimination. With cost considerations in mind, the requirements were meant to be "modest" and it was acknowledged that they fall short of what would be needed for full accessibility, but were expected to lead to "a dramatic improvement over units built in the past" (page 1).

The seven basic accessibility requirements for covered multifamily housing, as described in a joint statement by the US Department of Housing and Urban Development and US Department of Justice (2013), are:

- ❖ The public and common use areas must be readily accessible to and usable by persons with disabilities.
- ❖ All doors designed to allow passage into and within all premises of covered dwellings must be sufficiently wide to allow passage by persons with disabilities, including persons who use wheelchairs.
- ❖ All premises within covered dwellings must contain the following features:
 - An accessible route into and through the dwelling unit;
 - Light switches, electrical outlets, thermostats, and other environmental controls in accessible locations;
 - Reinforcements in bathroom walls to allow the later installation of grab bars; and
 - Usable kitchens and bathrooms such that an individual using a wheelchair can maneuver about and use the space.

Covered multifamily housing is defined as "1. all dwelling units in buildings containing four or more dwelling units if such buildings have one or more elevators, and 2. all ground floor dwelling

units in other buildings containing four or more units. To be a covered unit, all of the finished living space must be on the same floor, that is, be a single-story unit, such as single-story townhouses, villas, or patio apartments....Multistory dwelling units are not covered by the Guidelines except when they are located in buildings which have one or more elevators, in which case, the primary entry level is covered” (US Department of Housing and Urban Development, 1998, page 7).

Notably, Fair Housing Act accessibility requirements do not apply to a substantial proportion of the housing stock, including single-family homes, duplexes, triplexes, and multiple-story townhouses without elevators. However, such dwellings may be subject to accessibility requirements of other Federal, State, and local laws and regulations, although these typically apply only to projects with full or partial government financing. For example, Title II of the ADA specifies accessibility requirements for all public programs, services, and activities, which include public housing and housing provided for students at state colleges and universities. Another relevant Federal law is Section 504 of the Rehabilitation Act, which is the basis for the HUD’s requirement that the construction of detached single-family home projects funded through its HOPE VI program have at least 5% of their units accessible to people with mobility impairments and 2% accessible to people with vision or hearing impairments.

IV.A.7.b. Standards for Accessible Housing

The Fair Housing Act and its implementing regulations and guidelines state that its accessibility requirements can be met by following the ICC/ANSI A117.1 Standard on Accessible and Usable Buildings and Facilities, 1986 version (ICC is the International Code Council and ANSI is the American National Standards Institute). According to the International Code Council (2010), the aim of this standard is to “make sites, facilities, buildings and elements accessible to and usable by people with such physical disabilities as the inability to walk, difficulty walking, reliance on walking aids, blindness and visual impairment, deafness and hearing impairment, incoordination, reaching and manipulation disabilities, lack of stamina, difficulty interpreting and reacting to sensory information, and extremes of physical size” (page 1).

Most state and local legislation and building codes regarding accessible construction in the US have come to be based on the ICC/ANSI A117.1 Standard. When different standards are referenced, the HUD guideline is for the more stringent standard to be employed. HUD has specified 10 “safe harbor” sets of standards that can be used to meet its accessibility requirements, including the 1986 version of the ICC/ANSI A117.1 Standard and its updates in 1992, 1998, and 2003. The 2003 ICC/ANSI A117.1 Standard specifies four levels of accessibility: Accessible (fully wheelchair accessible), Type A (easily adaptable), Type B (partially adaptable), and Type C (visitable, as described more fully in *IV.C.3. Visitability in Housing*).

There was broad agreement among the diverse individuals interviewed for this Analysis of Impediments that there is a *severe shortage in Hawaii of affordable housing that is accessible at any of these levels*. A key reason is that before the Fair Housing Act’s accessibility requirements for covered multifamily housing took effect in 1991, the construction of the most affordable sale and rental units in urban Honolulu and the major towns was in the form of low-rise walk-up buildings of two to four stories without elevators. Some of these buildings have no ground floor units (which might be made accessible without too much expense) because the ground area is used for parking spaces. Such older walk-up buildings still predominate in urban Honolulu neighborhoods and many town areas throughout the state.

The Disability Access and Communication Board (DCAB) is Hawaii's lead agency coordinating compliance with the accessibility guidelines of the Fair Housing Act and the ADA (the DCAB also addresses communication access and accessible parking). As required by Section 103-50, Hawaii Revised Statutes, DCAB reviews the blueprints for buildings, facilities, and sites to be developed by or on behalf of the State and Counties to ensure accessibility compliance. For 2014-2015, DCAB reported reviewing blueprints for 1,178 projects (656 new and 522 resubmittal) and tracking 244 projects in the planning, design or active construction phase that had not submitted blueprints for review despite their apparent coverage by Section 103-50 (Disability Communication and Access Board, 2015).

IV.A.7.c. Universal Design

As is generally true throughout the country, jurisdictions in Hawaii have not acted to extend Fair Housing Act accessibility requirements to detached single-family homes and uncovered multifamily housing, nor to privately financed housing projects, and it appears that such action is quite unlikely in the near future. Another problem with the current legislative landscape is that the accessibility requirements of the Fair Housing Act, ADA, and Section 504 are coming to be seen by many disability advocates and design experts as outdated and insufficient. They are instead promoting the concept of *universal design*, which goes beyond current requirements by proposing the transformation of the built environment to be fully accessible by everyone, no matter their age, size, or disability status. According to Mace (1988) in a HUD publication, "While accessible or adaptable design requirements are specified by codes or standards for only *some* buildings and are aimed at benefiting only *some* people (those with mobility limitations), the universal design concept targets *all* people of *all* ages, sizes, and abilities and is applied to *all* buildings.... Manufacturers and builders who use the universal design concept will design their products and buildings to be as usable as possible by a larger population including children, older people, and people with disabilities" (page 3).

A well-known universal design feature is the *curb cut*, a sloping break in a concrete street curb that enables baby strollers, roller blades, bicycles, and wheelchairs to move smoothly between roads and sidewalks. Examples of commonly used universal design features in housing include: stepless entrances; doorways at least 32 inches wide; lever handles on doors; smooth flooring (wood, tile, or low pile carpeting); curb free or zero entry shower; shower chair/seat; toilet next to three feet clear empty space for transferring; adjustable hand held showerhead; grab bars around shower and toilet areas; knee space under vanity and sinks; front controls on appliances; long handled faucet at side or back of sink; cabinets with drawer slides on shelves for easier reach; variable height (28" - 42") work surfaces such as countertops, sinks, and cooktops; and 3 feet out swinging door or 6 feet sliding glass exterior door for easy emergency medical support access (Center for Universal Design, 2006; Mace, 1988).

IV.B. Private Sector Lending Policies and Practices

No private sector lending policies and practices were identified as impediments to fair housing choice for people with disabilities through either interviews or document analysis. Hawaii does have the highest average mortgage closing costs in the country, totaling \$2,655 for a \$200,000 mortgage compared to the national average of \$2,128 and Pennsylvania's lowest-in-the-nation total of \$1,837 (Prichard, 2016). However, the extra few hundred dollars paid in Hawaii are highly unlikely to constitute an impediment that prevents the purchase of a desired home.

IV.C. Public and Private Sector

IV.C.1. Fair Housing Enforcement

Only one fair housing enforcement action was identified as having been concluded in Hawaii since the last Analysis of Impediments was conducted in 2010. As explained in a May 8, 2015 press release, HUD reached a Conciliation Agreement with the owners of a 200-unit apartment complex in Kihei, Maui (FHEO Case Number 09-14-0911-8) (US Department of Housing and Urban Development, 2015c). A HUD Secretary-initiated investigation found several infractions related to familial status. These included the designation of two of the complex's 18 buildings as “adult friendly” where the landlords did not allow families with children to live and even required childless tenants to move out if they later had children. In addition, an advertisement was discovered on Craigslist that stated “Ground floor, adult only building.” Furthermore, a fair housing tester who inquired about a rental was told that children of different sexes are required to have separate bedrooms. Under the agreement, the complex owners agreed to stop excluding families with children from their properties, to end its policy of requiring children of different sexes to occupy different bedrooms, and to obtain training on fair housing.

IV.C.2. Informational Programs

HUD mandates that entities receiving HOME, ESG and HOPWA funds promote fair housing, including the provision of education and outreach through training for housing staff, landlords, tenants, and the general public on Federal and State fair housing laws (Hawaii Housing Finance and Development Corporation, 2015b). Past analyses of impediments for the State of Hawaii have identified lack of knowledge about these laws as a major impediment to fair housing choice. Agencies responsible for promoting fair housing have tended to respond by initiating or increasing training and education in their annual and five-year action plans, and these efforts have generally appeared to achieve positive outcomes (SMS Research and Marketing Services, 2003, 2010). Currently available informational programs and educational resources are summarized below, with a focus on those that address disability-related issues. All of the housing-related agencies that are named frequently collaborate in organizing educational events, sometimes in response to issues that emerge as critical. For example, in February 2016 the first of several planned “landlord summits” around the state was held to encourage renting to prospective tenants with Section 8 vouchers (Johnson, 2016).

IV.C.2.a. Fair Housing Information Resources and Educational Events

The website for **HUD’s Hawaii office** (<http://portal.hud.gov/hudportal/HUD?src=/states/hawaii>) has a webpage on *Disability rights and resources* that includes numerous resources under the following headings: Info for People with Disabilities; Info for Housing Providers; Info for Building Design Professionals; Section 504; Fair Housing Accessibility First Webcast Seminar; Fair Housing Accessibility Guidelines; Supplement to Notice of Fair Housing Accessibility Guidelines; Fair Housing Guidelines; and Section 504 Regulations.

All of the **Counties** have an office that includes assurance of fair housing choice among its functions. All of these offices organize fair housing educational events and maintain webpages with fair housing information and resources, as follows:

- ❖ Hawaii County, Office of Housing and Community Development
<http://www.hawaiicounty.gov/office-of-housing/>

- ❖ Honolulu County, Department of Community Services, Fair Housing Office
<https://www.honolulu.gov/cms-dcs-menu/site-dcs-sitearticles/1670-cbdd-fair-housing.html>
- ❖ Kauai County, Housing Agency
<http://www.kauai.gov/Government/Departments-Agencies/Housing-Agency/Fair-Housing>
- ❖ Maui County, Department of Housing and Human Concerns, Housing Division
<http://www.co.maui.hi.us/1606/Fair-Housing>

The educational activities of the **Legal Aid Society of Hawaii's Fair Housing Enforcement Program** include a website with a wide range of resources; information briefs in major languages used locally; a newsletter; and free educational training on request to tenants, community organizations, housing providers, students, and others interested in learning about fair housing (<http://www.fairhousinghawaii.org/>).

The **Hawaii Civil Rights Commission** (2015) makes frequent public presentations on a range of civil rights and discrimination issues, including fair housing trainings in all the counties.

IV.C.2.b. Information about Long-term Services and Supports

One of the findings of the Hawaii Long-Term Care Commission (2012) was that most people in Hawaii are unaware that many of them will develop needs for LTSS as they age and that LTSS will be difficult to afford unless savings and/or long-term care insurance policies are initiated in advance. The Commission's first-named recommendation was therefore, "Construct a long-term care education and awareness campaign" (page 2). According to the Hawaii State Department of Health (2013a), "Public education should target how individuals and families can prepare for LTSS through personal investments, long-term care insurance, reverse mortgages, savings, and other strategies in combination" (page 26).

The State and each of the four Counties operates an **Aging and Disability Resource Center (ADRC)** for the primary target populations of people aged 60 years and over and people with physical disabilities aged 18 years and over. These relatively new centers are designed to bring aging and disability services and providers into a centralized facility to establish a one-stop shop for information and resources, especially regarding long-term services and supports (LTSS). A primary goal is to support older adults to identify and access available LTSS so they can live in their own homes for as long as possible. To this end, an important ADRC service is to provide LTSS options counseling, defined as "an interactive decision support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumer's needs, preferences, values, and individual circumstances" (HCBS Strategies, 2011, page 22). Options counseling is likely to be provided at different levels of detail during the initial intake, in-home assessment, and case management. Appendix D shows the "housing assistance" information and resources provided specifically for people with disabilities at the State of Hawaii ADRC website.

Hawaii is currently implementing a Federally funded planning grant to create a **No Wrong Doors Network** in which ADRCs are important "doors" but with additional doors so the target population can be expanded from just people 60 and over and adults with physical disabilities to people of all ages and with all disabilities with LTSS needs (for example, a youth classified as medically fragile). One of the No Wrong Door objectives is for all doors to use the same standardized intake

and assessment tools as well as targeting and triage protocols (Executive Office of the State of Hawaii, 2015).

Another information resource is the **RealChoices Hawaii** website (<http://www.realchoices.org>), developed by the University of Hawaii Center on Disability Studies with a grant for 2001-2005 from the Medicaid-funded Real Choice Systems Change Grants for Community Living program. This program promoted the realignment of services for people with disabilities or chronic illnesses of all ages from an institutional to a community-based focus, as needed by states to meet requirements of the Olmstead Decision. The RealChoices Hawaii website supports this by providing a single entry point to obtain eldercare and disability information and long-term care resources that support community living (the website has continued to be maintained since the end of grant funding by the contracted developer, AssistGuide, Inc.). The website can be used to find or rate eldercare and disability organizations and businesses. It also provides a great deal of information about long-term care resources, pointing out that long-term care is not just for seniors since about 40% of care recipients are under the age of 65 who have suffered a serious accident or illness. Applications to be enrolled in Med-QUEST or the Supplemental Nutrition Assistance Program (SNAP, often referred to as food stamps) can be filled out online for direct submittal to the Hawaii Department of Human Services. There is also a benefits finder powered by the National Council on Aging to find other State, Federal, or private benefit programs for which an individual might be eligible. If application forms are available online, they can be auto-completed by the RealChoices system with information users have already entered if they choose to register at the website.

IV.3. Visitability in Housing

IV.3.a. Overview of Visitability

In 1987, the Atlanta-based disability rights organization Concrete Change began advocating for adoption at all levels of government of policies on new housing to promote what came to be known as *visitability*, sometimes also referred to as *basic home access* or *inclusive home design*. A closely related concept is that housing should be designed to enable *aging-in-place*. These concepts apply *universal design* specifically to the housing domain. Housing that adheres to these design principles enables people who have orthopedic conditions, especially mobility impairments requiring the use of wheelchairs, to visit the occupants and become more fully integrated in community life (Hall, 2015; Mace, 1988; National Council on Disability, 2010). Visitability is primarily applied to single-family homes, which comprise about 70% of the housing stock nationally (Maisel & Ranahan, 2014).

The initial formulation of visitability prescribed three essential features: (1) at least one zero-step entrance, (2) interior doors, including bathrooms, with 32 inches or more of clear passage space, and (3) at least a half bath (preferably a full bath) on the main floor. An additional three features have come to be widely promoted and often included in policies regarding new housing construction: (4) reinforcement in bathroom walls for future grab bar installation (important to support aging-in-place), (5) space to maneuver a wheelchair in food preparation facilities if provided on the floor served by the zero step entrance, and (6) light switches and electrical outlets within comfortable reach for all. In 2009, specifications for these six features were added in a new section of the ICC/ANSI A117.1 Standard on Accessible and Usable Buildings and Facilities. Housing units that meet this standard are designated as Type C. A growing number of architects and builders are coming to realize that including visitability features increases construction costs

only minimally or not at all and are a selling point appreciated by many home buyers of all ages (Center for Inclusive Design and Environmental Access, 2009; Olick, 2016; Steinfeld & White, 2010).

Volume 1 of HUD's Fair Housing Planning Guide, issued in 1996, contained an early mention of visitability, stating, "HUD endorses the 'visitability' concept, which is a voluntary standard promoted by the Department in new construction and existing properties" (US Department of Housing and Urban Development, 1996, page 5-31). Several HUD Public and Indian Housing Notices have since been issued reminding recipients of Federal housing funds of their obligations to comply with pertinent laws and regulations mandating non-discrimination and accessibility, with visitability recommended as one way to enhance accessibility "whenever practical and economical" (for example, US Department of Housing and Urban Development, 2006, pages 23-24). In 2000, HUD began directly promoting adherence to the visitability standard in the building or rehabilitation of structures with three or fewer units by offering bonus points to developers who sought funding from its HOPE VI Program (Maisel, *et al.*, 2008).

However, the visitability concept has yet to be widely incorporated into housing laws or building codes. Vermont was the only state identified by the Home for Life Task Force (2011) as requiring comprehensive visitability features in new homes (except those built by or for a known owner), whether constructed with or without public funds. Florida has a less comprehensive statute, known as the Florida Bathroom Law, which requires accessible bathrooms in both publicly funded and privately funded new homes. Voluntary programs are more common than mandatory ones, typically offering incentives such as tax credits (US Department of Housing and Urban Development, 2013a).

Several national initiatives aimed at the private sector are gradually raising awareness of and increasing adherence to the principles of visitability and universal design in both new construction and remodeling. One such initiative is the Certified Aging-In-Place Specialist (CAPS) program of the National Association of Home Builders, developed in collaboration with the American Association of Retired Persons (AARP) and other expert organizations. The program provides knowledge and skills for aging-in-place home modifications and reducing common accessibility barriers (US Department of Housing and Urban Development, 2013a). In Hawaii, the three required courses are offered by the Building Industry Association of Hawaii. Graduates must earn a total of 12 hours of continuing education every three years in order to maintain their CAPS designation (<http://www.biahawaii.org/?501>).

Another initiative is the LEED for Neighborhood Development program described above in *IV.A.2. Neighborhood Revitalization, Municipal and Other Services, Employment-Housing-Transportation Linkage*. Of the maximum score of 110 points, one point can be earned for "Visitability and Universal Design" which is meant to promote increases in the proportion of areas usable by a wide spectrum of people, regardless of their age or ability. To earn this point, projects with new dwelling units must have at least 20% built with certain specified visitability features from the ICC/ANSI A117.1 Type C standards. For projects with no new dwellings but with rights-of-way and travel routes that are initially noncompliant with specified accessibility guidelines (such as lacking curb cuts at intersections), the requirement is that at least 90% of the routes must be built or retrofitted to comply with the guidelines.

IV.3.b. Status of Visitability in Hawaii

An Internet search, including a search of the State of Hawaii government website (<https://portal.hawaii.gov/>), failed to identify any State or County laws or regulations concerning “visitability” in Hawaii. The term was only found in the State of Hawaii’s consolidated action plan for the HOME, ESG, and HOPWA programs for program year 2013 (concentrating on the Counties of Hawaii, Kauai, and Maui) (Hawaii Housing Finance and Development Corporation, 2013). This document stated that “visitability” was the focus of the only written testimony received in response to HHFDC’s Notice of Public Comment for the draft of the plan. The testimony recommended “that future housing or retrofitting housing projects include basic universal home design or ‘visitability’ features” (page 14). A letter to the testimony submitter from the DBEDT Executive Director at that time was appended to the consolidated action plan (page 39). The letter stated that HHFDC (which falls under DBEDT’s purview) administers the HOME program in Hawaii and “is the pass-through entity that allocates funds to the Counties of Hawaii, Kauai and Maui. As such, your suggestion to include visitability features in future projects will be provided to our County partners and included in the PY2013 Action Plan.”

However, searches of later State and County action plans and annual reports failed to find further mention of visitability. For example, this was the case for the State Consolidated Plan for Program Years 2015-2019 for implementation of the HOME, ESG, and HOPWA programs by the Counties of Hawaii, Maui and Kauai (Hawaii Housing Finance and Development Corporation, 2015b). If the HOME program is to take concrete action to promote visitability, then that should be reflected in requests for proposals from prospective contractors. An Internet search found that some jurisdictions elsewhere in the country do include visitability requirements for HOME Program contractors. For example, the State of Montana requires that visitability features be included in “all HOME-assisted new construction, including single family (homebuyer) developments, and major rehabilitation (i.e., ‘gut’ rehabilitation that includes replacing interior walls and doors)” (Montana Department of Commerce, 2013, page 37).

HUD’s *Fair Housing Planning Guide* (US Department of Housing and Urban Development, 1998) provides the following “suggested questions” to ask about visitability in an Analysis of Impediments (pages 5-31 to 5-32):

- ❖ Has the entity incorporated the concept of visitability in a homeownership or rental project recently built?
- ❖ Has the entity incorporated the concept of visitability into rehabilitation projects which has resulted in visitable units throughout the project?
- ❖ Has the entity developed a written visitability policy and/or a visitability transition plan in place to make all or a significant percentage of its units visitable?

Based on the available information, it must be concluded that the answer to all of these questions is “no” for Hawaii.

One possible source of advocacy that might lead to housing policy or building code changes that promote visitability is the initiative to make Honolulu an “age-friendly city” described above in *Aging-in-Place and Livable or Age-friendly Communities*. The document *Making Honolulu an Age-friendly City: An Action Plan* (University of Hawaii Center on Aging, 2015) includes two relevant recommendations. One is to “Promote education and awareness of home modification and universal design” through the action “Provide courses for individuals, builders and designers on

home modification options” that are specified to include those leading to designation as Certified Aging-In-Place Specialist (page A14). The other recommendation is to “Promote basic accessibility requirements” through the action “Adopt ‘visitability’ regulations in new construction” (page A15).

In addition, the DCAB is a likely source of expertise for developing building codes that promote visitability, in line with Objective 2.3.2 of its action plan for 2016-2017 which references *best practices*: “Monitor and provide testimony to ensure that applicable codes incorporate or reference the Americans with Disabilities Act Accessibility Guidelines (ADAAG) and Fair Housing Accessibility Guidelines (FHAG), and the Hawaii Outdoor Developed Areas Accessibility Guidelines (HODAAG) as a minimum. As appropriate, support changes that mirror best practices or expanded access for persons with disabilities” (Disability Communication and Access Board, 2016, page 8).

IV.D. Actions to Remedy Discriminatory Conditions

With regard to people with disabilities, no determination by a court of discriminatory conditions or a finding of noncompliance by HUD were identified for Hawaii since the last Analysis of Impediments in 2010. Therefore, no actions to remedy such conditions have been proposed. However, it is understood that HUD is conducting an investigation in response to the Hawaii Disability Rights Center’s complaint of July 14, 2016 that the HPHA is failing to meet Federal legal requirements for at least 5% of its public housing units to be wheelchair accessible.

V. ASSESSMENT OF CURRENT PUBLIC AND PRIVATE FAIR HOUSING PROGRAMS AND ACTIVITIES

This Analysis of Impediments has, up to this point, summarized a wealth of information obtained from a wide range of reports, studies, needs assessments, annual and five-year plans of government agencies, task force proposals, agency websites, and news reports. Now, with this background information in mind, it is time to assess how well Hawaii is affirmatively furthering fair housing choice for people with disabilities by listening to the voices of people closely involved with the housing system.

A total of 16 people with disabilities and 34 personnel involved in the housing system and/or serving people with disabilities or seniors were interviewed using standard sets of questions. An open-ended semi-structured interview format was used in which the focus was on eliciting opinions and experiences that could then be followed up for further details if indicated. Transcriptions of audiorecorded interviews or detailed notes from unrecorded interviews were imported into the NVivo qualitative data analysis software program. This program allows statements to be coded as to their topic or theme and then to create lists of statements made about each topic or theme. The results are described separately below for the two groups comprised of people with disabilities and of personnel.

V.1. Interview Responses of People with Disabilities

A total of 16 interviews were conducted in this category, with one interview excluded from the analysis because the interviewee, who had a psychiatric disability, was unable to carry on a coherent conversation at that time. Of the remaining 15 interviewees, four spoke on behalf of a child (one young daughter, one adult daughter, and two adult sons). Six of the interviewees live in Honolulu County, four in Hawaii, four in Maui, and one in Kauai. The basic disability classifications are four with severe vision impairments, four with serious multiple disabilities requiring wheelchair use, four other wheelchair users (due to quadriplegia or polio), two with psychiatric disabilities, and one with ID/DD. To ensure interviewee confidentiality, details of individual cases will not be provided in the summary of interview responses below.

V.1.a. Experiences of Discrimination

Relatively few experiences of outright discrimination were reported with regard to fair housing. The most likely but difficult to prove example was provided by a person with a psychiatric disability, who said that when responding to newspaper ads for rental units, “They would screen over the phone, they would ask how I was employed and I told them that I was on Social Security and then I told them that I was on disability and they asked me about my disability. When they found out it wasn’t physical, they wouldn’t rent to me.” A wheelchair user stated that discrimination by many landlords is reflected in their “lack of willingness to make any necessary modifications to the premises to accommodate wheelchairs, mobility, and things of that sort.”

More common were descriptions of not being treated well by some staff members of public and private service providing agencies who did not seem to respect people with disabilities as individuals. One person who was in a foster care home to recover from a car accident that caused paraplegia recalled, “Because I’m in a wheelchair, they think I have a mental disability. Caregivers made it seem like I didn’t know what I was talking about.” Another person stated, “The agency feels that they can make decisions, talk down to clients, create active unnecessary barriers to service. A lot of this has to do with their attitude, they seem to feel that if they’re going through

the process it doesn't matter if they speak in a demeaning fashion." A person with severe vision impairment said that the manager of a building where several other people with vision impairments also stayed treated them "like crap" and talked down to them.

V.1.b. Submission of Fair Housing Complaints

Three interviewees reported being involved in the fair housing complaint process, none with a satisfactory outcome. A complaint about a condo complex's lack of access in common areas was not acted upon due to a statute of limitations issue. Another complainant described attending a formal hearing as a "very daunting" experience in which each side had an attorney but, "No one was helpful or accommodating. They were extremely adversarial." An administrative hearing about service barriers on one island was dissolved after the complainants were able to get the services on another island, but this successful outcome "took a village" of supportive friends and agency personnel.

V.1.c. Accessibility for Wheelchair Users

About half of the interviewees were wheelchair users or spoke on behalf of wheelchair users, and all reported having significant problems finding and retaining accessible housing, which is in line with national findings (Aranda, 2015). One recalled living in housing without curb cuts which the housing manager fixed using asphalt to fashion a small ramp, then moving to Honolulu where it took about three months and checking 100 rentals before being able to obtain one of the three or four units that were accessible, and now living in a unit on another island made accessible by a homemade ramp but in which he has to "crawl" into the inaccessible bathrooms. It took another wheelchair user in need of continuous care about a decade to find a suitable accessible care home approvable for the Medicaid-funded services required to stay there. Another wheelchair user's ability to go out was limited while he lived in a third floor unit and needed the help of neighbors to carry his wheelchair up and down the stairs. The family of a child with severe multiple disabilities expects to have to continue carrying her medical equipment and wheelchair up and down stairs for several years while waiting to move up the public housing wait list to obtain an accessible unit. A person currently in an accessible unit still faces problems maneuvering in inaccessible common areas of the condo complex, but as a renter lacks standing to advocate with the condo association.

V.1.d. Affordable Housing

Another common concern was the lack of affordable housing. Several interviewees reported feeling lost when they found out they had too much income to qualify for public benefits despite lacking enough income to afford available housing. Such individuals may end up relying on emergency shelters and homeless services that are minimal due to low funding levels. Those with vision and mobility impairments pointed out it is often very difficult and time consuming for them just to identify and visit potential rental units. Some interviewees said that the extreme difficulty finding affordable units makes people with disabilities accept ones that do not meet their needs. "Either take it or leave it and hope for the best," one said.

Three of the interviewees were residents of public housing and two were on a wait list. Another reported having received a Section 8 voucher that was good for three months and extended another three months, but was then revoked because a suitable rental was not found within the time limit. One interviewee complained that some ground floor accessible units in public housing are occupied by non-wheelchair users.

V.1.e. Recommendations of People with Disabilities

Interviewees were asked for their recommendations to improve the housing situations of people with disabilities. One area commonly noted as needing improvement is the interface between people with disabilities and service providers. In line with the service principle of listening to clients and honoring their goals, providers may need education and training to be more aware of and sensitive to the challenges faced by those they serve. Personnel in need of such education might be identified through confidential quality assurance interviews with their clients or unannounced visits to foster homes and other programs. Training of landlords and property managers on their fair housing responsibilities was also recommended. With regard to public housing, it was recommended that there be an independent ombudsman to support residents with disabilities in assuring compliance with State and Federal regulations. In addition, a knowledgeable person should be available to answer phone inquiries about public housing, since those who currently take calls tend to be frustratingly unable to do so. Also raised was the idea of a “one-stop shop” where a range of common needs, including housing, could be conveniently addressed (this is in fact the goal of the Aging and Disability Resource Centers being developed for the State and all four Counties, as described in *IV.C.2.b. Information about Long-term Services and Supports*).

Regarding the housing market, more Federal assistance in developing affordable and accessible housing that is close to transportation and medical care was called for. It was also recommended that non-profit agencies do more to help their program participants find and obtain housing, for example by taking those lacking transportation or vision to visit units to determine if they are appropriate, or at least by maintaining lists of phone numbers to call. An up-to-date listing of openings in certified foster care homes would be particularly valuable. A committee or task force that includes people with disabilities is needed to study how to effectively increase the stock of accessible housing, perhaps through building code changes to promote visitability.

V.2 Interview Responses of Personnel

A total of 34 people who work within or have knowledge of the housing system were interviewed (the agencies they represent are listed in Appendix B). Their responses are summarized below according to the interview questions.

V.2.a. What Kinds of Housing Discrimination Do People with Disabilities Often Face?

The most susceptible to discrimination are people with psychiatric disabilities, as covered in a separate question below. Discrimination is partly a function of income and class, because discrimination against well-off people with disabilities in house sales and rentals is rarely reported. Rather, landlords may prefer to avoid renting to low-income people with disabilities due to worries about their ability to pay or fearing being required to make modifications for accessibility (which are in fact the responsibility of the tenant with disabilities). The landlords most likely to discriminate tend to be older, having grown up when there was more misinformation about and stigmatization of people with disabilities, and if they discriminate it may not be purposeful but rather due to being unaware of what is prohibited. Discrimination can be quite difficult to detect, much less prove. Property managers are supposed to choose the strongest applicant, generally the one with the most income, but people with disabilities on fixed incomes are often at a disadvantage because they may lack good credit histories and references (for example, those with ID/DD are often advised not to have credit cards that would help reach a good credit rating if used properly). Rental advertisements often state that no Section 8 vouchers are accepted, which is legally

discriminatory in some states but not Hawaii. The great majority of housing discrimination complaints submitted by people with disabilities concern lack of accessible units, denial of reasonable accommodations, and issues about assistance animals.

Most recommendations by personnel concerned increased training and education about fair housing principles and laws for landlords, property managers, realtors, and others involved in the housing market. Such training and education is generally conducted through workshops and seminars, although several personnel reported doing so in-person with individual landlords as issues emerge. In addition, a broader public awareness campaign was recommended to inform the broader community, including people with disabilities and landlords, about fair housing rights and what constitutes discrimination.

V.2.b. How Are People with Disabilities Affected by the Issue of Affordable Housing?

The general consensus was that Hawaii's lack of affordable housing is most problematic for those people with disabilities on a fixed income such as that provided by SSI. However, those who try to supplement their meager SSI checks through employment face the prospect of losing some or all of their public benefits. As a result of this and other factors, perhaps 2% of SSI recipients lose coverage annually and may be at higher risk of homelessness. A large gap group consists of people who make just over the income limit to qualify for Medicaid and other benefits, and there are many cases of people not being able to afford some essential medications. When existing affordable units open up there will be numerous competing applicants. Private developers are not constructing affordable units unless the project is government subsidized, and even then the number of new units is too small to have a real impact. The tight housing market is a major contributor to homelessness, and many homeless people in wheelchairs may be seen on the streets, often prevented by shelter rules from staying inside during the day even when rains are heavy. Language barriers contribute to lack of supports and access to public housing, especially for the growing Micronesian population.

Recommendations included making up for insufficient Federal and State funding through more County funding for affordable units, or perhaps rooms, reserved for people with disabilities and seniors. People with disabilities should also be given higher priority for public housing. Those leaving residential programs should be better supported to transition to community housing, with interpreters available as needed. It was also recommended that Section 8 subsidies be increased and more time should be allowed for those who receive a voucher to find a home (which is now sometimes impossible due to the low current Section 8 voucher amount). The University of Hawaii can contribute by developing more on-campus student housing which could open up many affordable units in the surrounding community. With regard to neighborhood development, require more affordable units in all new construction, which should be negotiated and included in TOD planning. To better support people with ID/DD to increase their income and afford housing, make use of new services allowed in Hawaii's latest HCBS Medicaid 1915c waiver extension to support them to obtain and sustain competitive employment (jobs paying at least minimum wage). Develop ways to limit the percent of housing units sold to people from outside Hawaii who outbid local residents, as has been done in other jurisdictions such as Nantucket and the Hamptons where celebrities and wealthy investors were also dominating the housing market. In addition, the State Legislature could fund a program that would subsidize rents above a certain percent of incomes. Affordability could also be promoted by ending the practice of some landlords of limiting studio apartments to one person.

V.2.c. How Well Are Needs for Accessible Housing Being Met?

The most common accessibility need is for housing built specifically for people with mobility impairments, particularly those who use wheelchairs. Those with sufficient money can usually find accessible units to buy or rent without too much difficulty. Again, it is the low-income sector that faces high barriers due to insufficient stock of housing that is both affordable and accessible. Wheelchair users are often willing to accept units that do not meet their needs as long as they are affordable, and then refrain from making complaints due to fears of retaliation that might result in loss of the housing.

Numerous recommendations were put forth, including a State or County renovation fund or tax credits to make accessible some of the many low-rise apartment buildings that are currently inaccessible. Funds available from HUD's HOME Program can also be used to support creation of affordable and accessible units, but there is only enough funding for a few dozen units a year at the most, which probably does not even keep pace with the annual increase in demand. More impact could be achieved if the HPHA meets its Federal mandate for at least 5% of its public housing units to be wheelchair accessible (according to information in a July 2014 complaint filed with HUD by the Hawaii Disability Rights Center, doing so would increase HPHA's number of fully-compliant accessible units from 117 to about 300). The concept of visitability should also be promoted, through financial incentives and/or permitting requirements, for both renovations and all new construction. Visitability could also be promoted for ADUs through education about how such units may become appropriate for family members who develop mobility impairments in the future. Another way to promote visitability or universal design would be to have a service where private developers could have their designs assessed for accessibility (this service is already available from the Disability Communication and Access Board). In addition, landlords and property managers could be encouraged or incentivized to renovate (if necessary) ground floor units and market them to wheelchair users, who tend to be more conscientious and reliable tenants because they know how difficult it would be to find another accessible unit.

V.2.d. What Assistance Animal Issues Are Often Faced by People with Disabilities?

The need for trained service dogs by people with vision and other impairments has come to be widely understood and accepted. Issues tend to arise over what are known as companion, therapy, or emotional support animals. Such animals must also be allowed as a "reasonable accommodation" under the Fair Housing Act as long as there is confirmation of medical need. However, there are often concerns about "imposters" in the form of fake service dogs (that might be wearing an easily obtained fake service dog vest) and emotional support animals that are actually simply pets, despite the owners having obtained a doctor's confirmation of medical need. Many people with disabilities and service agencies have spoken out against such imposters because the actions of a few can reduce trust in those with authentic needs (Fujii, 2016). Some tenants with disabilities also get into trouble with landlords because they bring in animals without understanding they may be required to show a doctor's note. Another potential source of conflict is pet insurance, which pet owners are required to obtain in many housing complexes with the exception of service dogs, which are exempt under the Fair Housing Act. Some homeless people have been known to reject shelter or permanent housing because they would be unable to take their dogs or other pets with them.

Recommendations again tended to focus on training and education, for landlords, property managers, and tenants. Tenants might reduce some opposition to having dogs by selecting breeds

that are unlikely to scare people. Future problems could be reduced at the outset by having a standardized assessment form for doctors to evaluate and certify the need, or perhaps an official body that would assess and certify each animal.

V.2.e. Can People with Disabilities Get the Reasonable Accommodations They Need?

In addition to service animals, reasonable accommodations might include provision of a handicapped parking space or relief from chemicals, dust, or noise to which a person is unusually sensitive. However, some landlords and condo associations reject such requests due to not understanding that they are legally required to allow reasonable accommodations, and may actually receive wrong legal advice from lawyers who lack familiarity with disability law. A request for a parking space close to the unit of a wheelchair user might be reasonable if the property manager has control of the parking lot, but not if the requested space is dedicated for a particular unit, in which case that unit's owner would need to agree but would have no obligation to do so. Many seniors refuse to accept the disabilities they are developing and therefore decline to request accommodations for sensory or mobility impairments.

Training and education on reasonable accommodations was recommended by several interviewees, although it was acknowledged that people trained sometimes remain confused because the Fair Housing Act, Section 504, or the ADA may be relevant in different ways depending on the situation. In view of the complexity of the law, it might be best to follow some other states in establishing a public or private agency to verify disability and the reasonableness of accommodation requests (including those for assistance animals), thus taking responsibility off the housing industry and the general public. Taking care of the decision in this way at the front end should help reduce the number of contested cases later. Another approach would be to support the parties to come to mutual agreement through dispute resolution or mediation by a third party (for example, the services offered by the Pacific Mediation Center or the Better Business Bureau's arbitration program).

V.2.f. What Housing Barriers Are Likely for People with Psychiatric Disabilities?

People with psychiatric disabilities might be considered the most stigmatized population and also the most vulnerable to homelessness. Due to severe cuts to the Adult Mental Health Division during the Great Recession, many community-based supports were decimated leading to a noticeable increase in people with psychiatric disabilities among the homeless. Their condition, often combined with substance abuse, may lead to behaviors that violate social norms in general and house rules in particular that result in eviction. This is especially so when they have refused treatment or discontinued their medications, during which times alarmed housing providers often end up calling the police. There have been cases of individuals served 45-day lease termination notices while hospitalized and then discharged to homelessness. Members of the public are less likely to understand and empathize with people with psychiatric disabilities compared to those with physical or sensory disabilities. Many people with psychiatric disabilities are only able to obtain and retain housing with the continuous support of a case manager or social worker. There are quite a few people with psychiatric disabilities who enter public housing but then lose the wraparound support services that helped them get to that point, resulting in relapses that public housing is unable to address due to its own lack of social workers and other supports. People evicted from public housing are typically not allowed to reapply.

Training and education were recommended to help people in the housing field better understand the challenges and needs of people with psychiatric disabilities. The continued involvement of

case managers was stressed, as their regular contacts with both tenant and landlord can help maintain a positive landlord-tenant relationship and identify and head off emerging issues. Community-based mental health services provided by the Adult Mental Health Division and community health centers need to be better funded, and social service and faith-based organizations might be able to provide housing supports as well. Future housing developments might be designed in ways that reduce stress, promoting enhanced mental health for everyone.

V.2.g. Most Critical Needs for Furthering Fair Housing Choice for People with Disabilities?

Answers to this question fell into the following categories, which are arranged according to number of recommendations with *public awareness and education* having the most.

❖ **Public Awareness and Education**

- Conduct a coordinated public awareness campaign over multiple channels (radio, cable, print, etc.)
- Educate the general public and businesses to dispel fears of the unknown
- Reduce stigma through education
- Publicize the many available but often little known programs on the different islands
- Continue to educate about laws affecting people with disabilities
- Make sure everyone is educated on what they are supposed to do and what their responsibilities are, whether they are tenants or landlords or property managers
- Expand reach of education campaigns, whether through friends, over the TV, or through social media
- Train people with disabilities how to be good tenants
- Promote awareness of the general population about the rights of people with disabilities
- Government should initiate and incentivize the building of housing units geared for different disability types (for example, physical limitations, psychiatric)

❖ **Affordable Housing that Is Accessible**

- Find ways to promote or enforce more adaptability and accessibility
- Increase inventory
- State Legislature should continue to increase resources to build more affordable housing
- Federal government should establish policy with incentives for affordable and accessible housing and provide funding to implement
- Make sure there is enough accessible housing for people with disabilities
- Provide more funding for affordable housing
- Produce more affordable and accessible new housing designed to enable living independently
- Create more group or clustered housing for semi-independent living that is managed by agencies that can provide support (case managers or live-in personnel)

❖ **Personnel Training and Workforce Development**

- Provide personnel with further training and development of cultural and linguistic competence skills
- Provide continuous education since new personnel are always entering the field
- Train professionals to better support people with disabilities find housing
- Train housing personnel on housing issues for people with disabilities
- Address the coming shortage of care home personnel (now mainly older Filipinos, but their children are unlikely to follow them into this field)

❖ **Supports and Services**

- Make bus fares free again for those who are very low-income
- Implement more systems collaboration with a team approach
- Consider blended funding to facilitate interagency collaboration
- Create a seamless system through interdepartmental and community planning and collaboration

❖ **People with ID/DD**

- Provide more job opportunities to increase their resources for housing and satisfy their desires to contribute to the community
- Do not require credit checks or having previous landlords when applying for rental units
- Set rent at a set percent of their income with the difference subsidized
- Provide people with ID/DD with access to information, technology, data, resources, etc. so they can navigate through the system and have mobility throughout the community

❖ **People with Psychiatric Disabilities**

- Get them off the street and into affordable housing
- Establish a powerful lobbying or advocacy group to make the voices of people with psychiatric disabilities known.

VI. CONCLUSIONS AND RECOMMENDATIONS

The above list of “most critical needs” represents the collective wisdom of a wide range of personnel involved in the housing system. All of these needs are also echoed in the stories and recommendations of the interviewees with disabilities. The list can therefore serve as a useful framework for identifying impediments to fair housing choice and developing and organizing recommendations to address them. An additional source of ground-level insights consists of the reports and action plans of task forces and advocacy organizations that have also brought together numerous stakeholders to collectively identify and address housing challenges faced by people with disabilities and low-income households in general, at both the state and national levels.

This section will first distill information from the interviews and published resources to identify the primary impediments to fair housing choice for people with disabilities in Hawaii. This will be followed by an extensive summary of ALL recommendations provided by the people interviewed for this Analysis of Impediments. Additional stakeholder recommendations are derived from the available literature, leading to a total of more than 50 recommendations being described.

The purpose of outlining such a large set of recommendations is to provide a broad overview of what might be needed to fully address the identified impediments to fair housing choice for people with disabilities. However, the number of recommendations is obviously too large to be undertaken given the available resources. The Analysis of Impediments therefore concludes with a proposed action plan that is focused on a limited number of feasible actions with the potential for broad impact. As will be described in detail, the recommendation with highest potential for significant impact is *advocacy for visitability* as the standard for all new housing construction in Hawaii.

VI.1. Impediments to Fair Housing Choice for People with Disabilities

The substantial impediments to emerge from this study are:

- ❖ There is a **lack of knowledge** on the part of people with disabilities, members of the general public, and landlords and property managers about **legal requirements for fair housing choice** as well as about **available resources and programs** that can support people with disabilities obtain and retain suitable housing.
- ❖ People with disabilities at lower income levels have **tremendous difficulties obtaining affordable housing that is accessible**.
- ❖ **Many personnel lack attitudes, skills, and knowledge** to serve and support people with disabilities in the housing, social service, medical, caretaking, and related fields.
- ❖ **Service systems are not well-coordinated** with regard to supporting people with disabilities obtain and retain suitable housing, particularly those with **serious cognitive disabilities**.

VI.2. Recommendations to Further Fair Housing Choice for People with Disabilities

The recommendations presented below were derived from two primary sources: (1) the interviews conducted for this Analysis of Impediments with people with disabilities and personnel involved with the housing system, and (2) in-depth studies that have identified and addressed critical housing needs in Hawaii and been published within the past five years. These particular studies all relied on the voluntary participation of numerous individuals from the community and the public and private sectors who served on task forces and commissions. They were recruited to represent

the perspectives of key stakeholder groups and they brought to the table many years of experience and a wealth of institutional knowledge. Their collective efforts resulted in the following publications from which some of the recommendations presented below were derived. Such recommendations are denoted by the three initials shown before each publication. Some other recommendations in the tables below are adapted from those of local or national advocacy organizations, in which case the reference for the recommendation is provided. Recommendations without a source citation were proposed by people interviewed for this Analysis of Impediments.

- ❖ **AFC** *Making Honolulu an Age-Friendly City - An Action Plan* (University of Hawaii Center on Aging, 2015)
- ❖ **ALZ** *Hawaii 2025: State Plan on Alzheimer's Disease and Related Dementias* (Hawaii Department of Health, Executive Office of Aging, 2013a)
- ❖ **HFL** *Home for Life Task Force Interim Report to the Twenty Sixth Legislature, State of Hawaii* (2011)
- ❖ **LTC** *Long-term Care Reform in Hawaii: Report of the Hawaii Long-Term Care Commission* (Hawaii Long-Term Care Commission, 2012)
- ❖ **OAH** *Housing Oahu: Islandwide Housing Strategy (draft for review and discussion)* (City and County of Honolulu, Office of Housing, 2015c)

VI.2.a. Impediment: Lack of Awareness of Fair Housing Laws and Resources

Public awareness and education is a recurring theme in all of the reports listed above as well as in most interviews conducted for this Analysis of Impediments. Many interviewees stressed that people with disabilities are often unaware of their rights, which contributes to their willingness to accept substandard inaccessible housing in Hawaii's tight rental market. While public support for the rights of people with disabilities has become well-established since the 1990 passage of the ADA, some interviewees also noted that many members of the general public lack understanding of and empathy for the plights of certain disability subgroups, especially those with psychiatric disabilities and substance abuse disorders. One group identified as particularly in need of raised awareness consists of older landlords, who appear to be more likely than younger ones to discriminate in renting due to maintaining the misunderstandings about and attitudes towards people with disabilities that were prevalent when they were growing up. Some fair housing personnel reported in interviews that such landlords are usually responsive when approached on an individual basis. Recommendations are compiled in Table 34.

Another aspect of public awareness and education is the provision of information resources about topics of concern to people with disabilities and where to find help or volunteer to provide help. It is important that the information be accessible to people with disabilities. For example, websites should meet the requirements and standards of Section 508 of the Rehabilitation Act (<https://www.section508.gov/content/learn/standards/quick-reference-guide>), such as the provision of captions for audio content so people with hearing impairments can access the information. Currently underway are initiatives to enhance the Aging and Disability Resource Centers of the State and each of the four Counties within the broader No Wrong Doors Network, which is also being strengthened to create one-stop-shops for people of all ages in need of LTSS and related services. Recommendations are compiled in Table 35.

Table 34. Recommendations for Raising Public Awareness

Recommendation	Actions to Achieve
Raise awareness about fair housing choice	Conduct a public fair housing awareness campaign (perhaps in coordination with HUD national campaigns) that includes a focus on impediments for people with disabilities Explore how older landlords in particular can be made better aware of their legal obligations for fair housing choice and the potential benefits of renting to people with disabilities
Raise awareness about the need to plan for future long-term care needs so as to be better able to age-in-place	Conduct a long-term care education and awareness campaign (LTC, page 2)
Promote the concept of aging-in-place	Educate people on the need to renovate their home to be more accessible prior to, rather than waiting for, the need arising (HFL, page 18) Conduct activities to raise awareness of home modification and universal design (AFC, Goal B)
Educate and engage the public about housing issues for people with Alzheimer's	Conduct an education and public awareness campaign with positive and clear messages (ALZ Strategy 1 of Goal 4)
Raise awareness of the general public and professionals about important issues for people with Alzheimer's and the latest research findings	Convene an annual dementia care and research symposium to foster scientific collaboration and share current dementia research with the Hawaii community (ALZ Strategy 3 of Goal 1)

Table 35. Recommendations for Accessible Information Resources

Recommendation	Actions to Achieve
Provide consumers with easily accessible information and referral options	Ensure that strengthening and expanding the roles of Aging and Disability Resource Centers includes coverage of accessible housing and fair housing choice (ALZ Strategy 2 of Goal 2 and Strategy 1 of Goal 4; HFL, page 18; LTC, page 6)
Provide up-to-date information about best practices for serving people with Alzheimer's	Share the latest information about promising Alzheimer's research and interventions (including those addressing accessible housing) with Hawaii healthcare professionals, as well as the general public, through educational events, online sources, and the media (ALZ Strategy 4 of Goal 1)

Also important for enhancing awareness and understanding are educational events, such as workshops, seminars, and academic courses, directed at the general public or specific target populations. As described in *IV.C.2. Informational Programs*, such educational programs are conducted by all the County agencies as well as the Legal Aid Society of Hawaii and the Hawaii Civil Rights Commission. Recommendations are compiled in Table 36.

Table 36. Recommendations for Educational Activities

Recommendation	Actions to Achieve
Educate more people about fair housing choice	Increase the number of, and attendance at, fair housing workshops, seminars, and other educational events
Enhance the knowledge of people with disabilities about their rights and obligations under the Fair Housing Act	Work with public and private agencies serving people with disabilities to educate them about their rights and obligations (for example, how to file a fair housing complaint, and the need to have a written rather than verbal lease agreement)
Enhance knowledge about home modifications for accessibility	Educate homeowners about the benefits of, and financing options for, home modifications and retrofit
Educate tenants, landlords, property managers, and the general public about accommodations, including those related to assistance animals	Include the topic of accommodations, including assistance animals, in education activities
Improve the acceptance of service and assistance animals by landlords and property managers as well as the general public	Use a video or other means to educate animal owners on their obligations to control their animals and how to do so effectively Encourage the use of guide dogs that are from breeds viewed as friendly and non-threatening
Increase professional knowledge about and motivation to use the principles of universal design and visitability	Develop an interdisciplinary course that brings together the appropriate professionals/experts to train architects, designers, builders, developers, and draftsmen in universal design principles and the positive impacts that result from their use (HFL, page 18) Offer and promote courses that lead to designation as Certified Aging-In-Place Specialist (AFC, page A14) Promote existing fully accessible housing projects as models for future projects (for example, The Harry & Jeanette Weinberg Hale Kuhao in Waipahu)
Increase the knowledge of realtors about fair housing	Require realtors to take continuing education courses on fair housing (especially those who are property managers)
Provide supports to people and their families upon Alzheimer's diagnosis	Refer those newly diagnosed to Alzheimer's Association branches in all counties (ALZ Strategy 5 of Goal 2)

VI.2.b. Impediment: Severe Shortage of Affordable Housing that Is Accessible or Visitable

A variety of initiatives to increase the stock of affordable housing were described in earlier sections of this Analysis of Impediments. The recommendations made here focus on what can be done to increase the proportion of affordable units that are accessible or visitable for people with mobility and sensory impairments at lower income levels. There do not appear to be substantial impediments to obtaining accessible housing for wheelchair users at higher income levels. Recommendations are compiled in Table 37.

The concept of aging-in-place is closely associated with that of visitability as the minimum level of accessibility that should be provided in all housing for seniors and people approaching the senior age range. Recommendations are compiled in Table 38.

Table 37. Recommendations to Increase the Stock of Accessible and Visitable Housing

Recommendation	Actions to Achieve
Increase the construction of aging-in-place, multigenerational, visitable, and fully accessible homes	Explore how public policies can provide incentives, such as tax credits for developers through density bonuses, increased lot size, or other credits (HFL, page 19) Maximize use of HUD HOME program funds to provide 0% loans for accessible housing construction
Revise zoning requirements and building codes to promote accessible and visitable housing	Adopt visitability regulations for new construction (AFC, page A15) Ensure the disability perspective is presented in zoning and building code decision making (for example, by requiring at least one member of boards and commissions to be a person with disabilities or a disability advocate) Delete the Land Use Ordinance's prohibition on more than one kitchen in a house in order to promote the creation of more multigenerational housing (HFL, page 15)
Renovate existing buildings and/or units to be accessible	Establish a fund dedicated to renovation for accessibility
Reduce costs and other barriers to making home modifications	Streamline permitting for home modifications (AFC, Goal B) Provide financial assistance for home modifications for older persons and people with disabilities (AFC, Goal B)
Require ALL publicly-funded housing construction to meet HUD's requirement to have 5% of units physically accessible and 2% sensory accessible	End the 5%-2% exemption for publicly-funded housing that is not "covered multifamily dwellings" (single-family detached homes, duplexes, triplexes, and multiple-story townhouses without elevators)
Require new private construction to adhere to enhanced accessibility requirements	Apply HUD's 5%-2% accessibility requirement for publicly-funded housing to private construction Require ALL new housing (including that constructed with private financing) to be visitable
Increase the percentage of Ohana units and ADUs that are accessible	Promote the benefits of accessibility in all information sources and application forms Offer incentives for accessible features
Increase the access of people with disabilities to public housing	Ensure ALL public housing complexes meet HUD's 5%-2% accessibility requirement Designate more public housing units as available for the priority group of people with disabilities Provide people with disabilities at risk of emotional crises and self-destructive behaviors with case management and other social services to prevent their eviction from public housing
Mandate strong accessible housing requirements for all HCDA housing developments and all TOD neighborhoods	Advocate for strong accessible housing requirements in all HCDA decision-making and in zoning and building code changes to be made in TOD neighborhoods

Recommendation	Actions to Achieve
Ensure compliance with any new stronger requirements for percent of new housing units that are accessible or any building code changes on accessible housing features	Establish a comprehensive enforcement program to include housing design review, fair housing testing on design and construction, and enforcement when violations are found Integrate accessibility requirements into the permitting process
Increase the availability of affordable housing around the University of Hawaii's four-year campuses	Build more on-campus housing for students to free up housing in the surrounding neighborhood
Increase ability of people with disabilities to obtain Section 8 housing before vouchers expire	Make advertising that states "No Section 8" illegal Give people in need of accessible housing more time to use their vouchers
Support people with disabilities to stay in rural areas where housing is more affordable	Improve accessible transportation services to ensure sufficient coverage and frequency in rural areas Promote the building of affordable accessible housing within walking or wheelchair distance of rural town centers Take advantage of low land prices on the Big Island to build more subsidized housing

Table 38. Recommendations to Enhance Options and Supports for Aging-in-Place

Recommendation	Actions to Achieve
Encourage life insurance as a source of private long-term care funding	Mandate that life insurance policies include the option for accelerated death benefits that can be used to pay for long-term care (LTC, page 3)
Expand Kupuna Care to provide in-home services to more people	Increase funding for Kupuna Care and introduce a sliding fee schedule so more people can obtain services (LTC, page 3)
Establish a limited, mandatory public long-term care insurance program for the working population	Develop a program design that ensures long-term fiscal solvency of the program and pass enabling legislation (LTC, page 4)
Incorporate age-friendly design in new housing communities and units	Make age-friendly design attractive to developers and support them to create multigenerational and/or senior only developments with all units accessible (AFC, Goal C) Leverage private, Federal, State and County funds for increased infrastructure capacity to support higher density residential uses in TOD areas while retaining requirements for walkability and accessibility (OAH, page 24)
Expand construction of accessory dwelling units (ADUs)	Revise the Land Use Ordinance and accompanying regulations to allow ADUs, and include ADUs in new housing developments (AFC, Goal D; OAH, page 2) Encourage Ohana dwellings and ADUs in rural centers to meet the needs of extended families (OAH, page 24)
Assess and address the housing needs of people with Alzheimer's	Explore affordable housing models and options in Hawaii that would be accessible for those living with dementia as they age-in-place (ALZ Strategy 5 of Goal 3)

Increasing the homeownership rate of people with disabilities would help increase the rate of those who are able to age-in-place. It will also help increase the stock of accessible housing because, compared to people with disabilities who rent housing, those who own their own homes have much more control over modifying their living space to meet their individual accessibility needs. Homeownership by people with ID/DD also helps them avoid the stigma associated with being in group care homes. A movement to support homeownership by people with ID/DD and other severe disabilities emerged in the early 1990s, with many states implementing support programs with funding or mortgage writing support from the Fannie Mae HomeChoice Program, the Federal Home Loan Bank, the HUD HOME Program, and state housing finance agencies (Klein, 2000). Recommendations are compiled in Table 39.

Table 39. Recommendations to Increase Homeownership by People with Disabilities

Recommendation	Actions to Achieve
Provide information about support programs and mortgage products that help people with disabilities purchase a home	Include a well-developed housing information component in Aging and Disability Resource Centers
Increase homeownership educational opportunities for people with disabilities	Work with real estate organizations and lending institutions to develop and provide educational programs for people with disabilities interested in buying a home
Affirmatively market home buying opportunities to people with disabilities	Work with realtors and developers to market to people with disabilities
Support people with disabilities in making mortgage payments	Subsidize mortgage payments by covering the amount above 30% of their income

VI.2.c. Impediment: Lack of Attitudes, Skills, Knowledge to Serve People with Disabilities

The mnemonic *ASK* has long been used to stress that personnel training needs to address all three components of effective service provision: Attitudes, Skills, and Knowledge. The interviews with people with disabilities clearly reflected perceptions that too many personnel have deficient *attitudes*. This may be reflected in how they often talk down to people with disabilities, fail to take the time and effort to find out and honor their goals and desires, and stigmatize them with false assumptions of deficiencies they do not have. A related aspect is the need for *cultural and linguistic competence* so that people of all backgrounds can be effectively communicated with and served. Both attitudes and cultural and linguistic competence are typically addressed in the training of professionals and paraprofessionals, during formal programs as well as continuing education, but those who do not absorb and practice the relevant principles may require individual supervision to meet standards. The County governments and LASH do provide publications in the major locally used languages as well as interpreters when needed for in-person contacts. The one cultural group identified in the interviews as particularly underserved are people who have come from the Micronesian area of the Pacific Ocean and now comprise a large proportion of the homeless and residents in public housing. Recommendations are compiled in Table 40.

Table 40. Recommendations for Workforce Enhancement

Recommendation	Actions to Achieve
Enhance the attitudes, skills, and knowledge of Level I direct care providers (who currently have no training requirements)	Explore requiring Level I direct care providers to complete a brief training (using, for example, the <i>Hawaii's Visions for Persons with Developmental Disabilities</i> , 3 rd Edition, curriculum, created by the University of Hawaii Center on Disability Studies for the Hawaii Department of Health's Developmental Disabilities Division)
Ensure the number of care home operators and staff keeps pace with growing demand as current personnel retire	Develop programs to recruit, train, and retain care home personnel
Build a workforce with the attitudes, skills, and knowledge to provide high quality care for people with Alzheimer's	<p>Offer continuing training to health professionals through a unified Alzheimer's curriculum; encourage and incentivize professionals and paraprofessionals to pursue careers in geriatric specialties; and attract more specialists to Hawaii (ALZ Strategy 3 of Goal 2)</p> <p>Support personnel to gain the attitudes, skills, and knowledge needed to provide services in a culturally competent manner (ALZ Strategy 5 of Goal 2)</p> <p>Conduct a recruitment and training initiative to increase the supply of dementia-capable geriatricians, geriatric psychiatrists, social workers, case managers, nurses, nurse's aides and other direct care providers (Hawaii Workforce Development Council, 2011)</p>

IV.2.d. Impediment: Service Systems Not Well-Coordinated and Not Sufficiently Funded

A commonly identified service system problem is the “silo effect” in which different service providing agencies have separate sets of policies and procedures and little knowledge of or interaction with other agencies with similar target populations. The first three recommendations in Table 41 concern the need for more cross-agency coordination, which is being addressed through the Aging and Disability Resource Centers one-stop-shop initiative which is also mentioned in several other recommendations tables. The last three recommendations concern barriers faced by some people with disabilities that could be addressed at the system level. Recommendations are compiled in Table 41.

Table 41. Recommendations to Improve Service Systems

Recommendation	Actions to Achieve
Support the Aging and Disability Resource Centers one-stop-shop initiative	Ensure Aging and Disability Resource Centers provide comprehensive housing information (including the topic of fair housing choice) and relevant online applications (public housing, Section 8, Medicaid HCBS, etc.)
Enhance system capacity and cross-agency coordination	Advocate for increased State and County funding for systems improvement and cross-agency coordination

Recommendation	Actions to Achieve
Create a dementia capable service system	Conduct a statewide assessment to determine how dementia capable Hawaii's service systems (including housing) are and develop a plan to address identified training needs (ALZ Strategy 1 of Goal 2)
Enhance mechanisms to prevent or resolve disputes about accommodations, including assistance animals	Establish an official body to verify disabilities and decide accommodations requests, including those for assistance animals, on the front end Create and require use of a standardized assessment form for doctors to use when certifying accommodation needs, including assistance animals Establish condominium ombudsman positions with knowledge of fair housing choice to mediate tenant-landlord disputes
Reduce the high rate of people falsely claiming to require service and assistance animals	Make false claims about requiring service and assistance animals illegal
Address the problem of many people on wait lists not being informed of reaching the top due to out-of-date contact information	Develop a centralized database of contact information for applicants on wait lists (for public housing or Section 8) that can be updated online by the applicants or their authorized representatives (<i>County of Hawaii 2011 Analysis of Impediments to Fair Housing Choice</i> , page 37)

IV.2.e. Impediment: Many People with Serious Cognitive Disabilities Face Added Barriers

People with serious disabilities associated with limited cognitive and/or self-care capacities often face additional barriers to obtaining housing and are at particularly high risk of homelessness unless they are provided with a range of services and supports. The major categories of relevance are psychiatric disabilities, ID/DD, and Alzheimer's. A number of other recommendations concerning these populations are included in other recommendations tables where appropriate, with most focused on people with Alzheimer's because of the extensive State plan developed on their behalf by the Hawaii Department of Health (2013a).

Table 42. Recommendations Specific to High-need Subpopulations

Recommendation	Actions to Achieve
Modify the Med-QUEST program to better support Medicaid-eligible individuals afford housing	Join the nearly 50 states with Medicaid buy-in programs that enable employed people with disabilities to keep their Medicaid coverage by sharing in the cost Increase the monthly SSI amount to come closer to buying parity with Mainland counterparts who have much lower costs of living Increase the access of people with Alzheimer's to Medicaid-funded LTSS (since they are not eligible for services from the Adult Mental Health Division) (ALZ, page 26)
Enhance community-based services for people with psychiatric disabilities	Substantially increase funding for the Adult Mental Health Division to expand programs and relax stringent eligibility

Recommendation	Actions to Achieve
so they are able to readily access and maintain effective treatment	<p>requirements imposed due to severe funding cuts during the Great Recession</p> <p>Enhance programs for youth with serious emotional disturbances to support their transition to adulthood, including obtaining stable housing</p> <p>Involve and listen to consumers in designing, conducting, and evaluating programs to ensure their most important needs and desires are given priority</p>
Support landlords and property managers to understand the needs of tenants with psychiatric disabilities or Alzheimer's and to know what to do if there is a crisis	Create a program linking landlords and property managers with social service and faith-based organizations serving people with psychiatric disabilities or Alzheimer's
Support people with serious cognitive disabilities to increase their incomes through competitive employment so they are better able to afford housing	<p>Examine and adapt the models provided by states that have included employment goals in Olmstead Plans (Cooper, <i>et al.</i>, 2014)</p> <p>Adopt the Employment First model that gives priority to supporting people with ID/DD obtain competitive employment in the community (rather than being in day facilities or sheltered workshops) (Cooper, <i>et al.</i>, 2014)</p>
Reduce background check requirements for people with ID/DD seeking rental housing	Encourage landlords and property managers to base rental decisions for people with ID/DD on their current ability to pay without the need to pass checks of credit and references, especially if transitioning from a licensed or certified home or facility

IV.3. Action Plan to Affirmatively Further Fair Housing Choice for People with Disabilities

It is not possible to adopt all the recommendations described above because they are far too numerous and would require too many resources to achieve. A more focused and feasible action plan has therefore been developed in consultation with the agencies funding this Analysis of Impediments and other key personnel. The action plan outlines goals to address the highest priority impediments and describes action steps to achieve them that can reasonably be completed over the next five years given the available resources.

Some of the proposed action steps, such as organizing fair housing educational events, naturally fall within the purview of fair housing personnel. However, their availability for other proposed action steps may be limited due to responsibilities in other areas within their departments. In addition, most of the action steps are likely to require collaboration with other public and private agencies. The action plan has therefore been shaped as much as possible to potentially link with or leverage other initiatives addressing housing issues. Most of these initiatives concern housing affordability or the needs of particular groups, particularly the homeless population and the senior population which both have high proportions of people with disabilities. Seniors and the homeless are frequently highlighted by the local mass media with reports of efforts to address their needs by a range of public and private entities and State and County legislative bodies. Senior population initiatives are perhaps most relevant because, with regard to housing, they tend to include a focus

on promoting aging-in-place. For many seniors, aging-in-place requires housing that meets at least minimum accessibility standards, such as those for visitability, which also benefits people of all ages with mobility impairments. Visitability is thus a concept that benefits multiple populations and can serve to bring together their respective consumers, advocates, and service system personnel to collaborate on a common cause.

Advocacy is usually most effectively done by stakeholders and voters from the community. Non-profit organizations with strong advocacy records that are potential partners include AARP Hawaii, Alzheimer's Association (Aloha Chapter), Hawaii Appleseed Center for Law and Economic Justice, Legal Aid Society of Hawaii, and Mental Health America of Hawaii. Public agencies with disability advocacy functions include the State Council on Developmental Disabilities and the Hawaii Disability Rights Center.

IV.3.a Goal 1: Enhance Public Awareness of Fair Housing

Following the priority order of recommendations that emerged from the interviews, the first action plan goal is to promote public awareness and education. Fair housing workshops, seminars, and other educational events have been the primary means of achieving this and should be continued, perhaps with special efforts to reach older landlords who have been identified as the most in need of education.

Although multimedia campaigns to raise public awareness about fair housing issues are often recommended, such an initiative is NOT recommended for Hawaii because research indicates that these efforts tend to have little or no impact and would not be worth the time and resources to implement. For example, no lasting impact was found for a 2000-2001 HUD public awareness campaign when its outcomes were evaluated five years later. The evaluator stated, "The general lack of improvement is indicative of how challenging it must be to broaden the level of public awareness on an issue as involved as fair housing law" (Abravanel, 2006, page iv).

An emerging avenue of information dissemination consists of the State and County Aging and Disability Resource Centers (ADRCs) and the broader No Wrong Doors Network of which they are a part. The goal of a Federally-funded No Wrong Doors initiative currently underway is to create offices and websites where anyone in need LTSS and other State or County public support services, from employment to health coverage to transportation, can get information about, submit applications for, and obtain referrals to relevant programs. The State and County ADRCs are meant to serve as such one-stop-shops specifically for seniors and people with disabilities. There is thus no need to create special means to deliver fair housing messages and information, since the ADRCs are expected to serve this function. However, as of September 2016, the ADRCs provide minimal or no information about fair housing. The content of the Housing Assistance section of the Hawaii State ADRC is reproduced in Appendix D. There is no mention of "fair housing" although the Legal Assistance section notes that the Legal Aid Society of Hawaii conducts the Hawaii Fair Housing Enforcement Program. The action plan therefore proposes steps to ensure the topic of fair housing is given the fullest possible coverage.

IV.3.b. Goal 2: Increase the Availability of Affordable Housing that Is Accessible or Visitable

The success of efforts to increase the stock of accessible or visitable housing is likely to depend on revisions to building codes, zoning, and/or reserved housing requirements. As described in *IV.A.2. Neighborhood Revitalization, Municipal and Other Services, Employment-Housing-Transportation Linkage*, there are numerous community development initiatives underway that

may provide windows of opportunity to advocate for such revisions. Although plans for all TOD neighborhoods have been completed or are close to completion, they generally lack details of changes needed in zoning, building codes, and reserved housing requirements to achieve the enhanced community features envisioned in these plans. Available plans for housing projects overseen by the HCDA and for major housing developments such as Hoopili also lack details about needed regulatory changes. Advocacy for regulatory changes within regions under intense development should be given priority before these windows of opportunity close.

The major recommended Goal 2 objective is to make visitability a requirement for ALL new housing construction in Hawaii. The case for visitability is succinctly made in Resolution 28 passed by the 2005 US Conference of Mayors, which is provided in Appendix H. However, although visitability has proved to be a saleable concept adopted in many jurisdictions across the country, it appears to be currently off the radar of all branches of government in Hawaii. Examination of numerous plans and reports addressing housing issues in Hawaii found only two recommending adoption of visitability requirements. One is *Making Honolulu an Age-Friendly City - An Action Plan* (University of Hawaii Center on Aging, 2015). The other is the interim report of the Home for Life Task Force (2011), which identified and promoted visitability as a concept that should be implemented. However, that task force's request to be extended to complete its study and make concrete recommendations was not met by the State Legislature, and its interim report has apparently been ignored.

Notably, both of these initiatives focus on seniors, who are currently being given much attention by legislators and policy makers due to the coming "silver tsunami" that threatens to seriously strain Hawaii's social service and medical systems. Visitable housing can help address this threat by enabling more seniors to age-in-place, which is a much cheaper alternative that seniors typically prefer to nursing facility placement. Those in the fair housing field thus have common cause with very active organizations advocating for seniors, including AARP Hawaii and the Alzheimer's Association, Aloha Branch. These and other advocacy organizations have the experience, resources, and established relationships needed to effectively advocate with legislators and policy makers. A good accessible housing advocacy resource developed by AARP in the States (2014) is the 136-page *Inclusive Home Design State Advocacy Tool Kit* with four model legislation options.

The AARP in the States (2014) publication also describes strategies for answering opposition to visitability, which tends to be particularly strong from home builder organizations that generally oppose any tightening of government regulations. Home builder associations have been reported to claim that basic visitable features add \$10,000 to \$30,000 to the construction costs of single-family homes, although others have calculated the actual added costs to be under \$1,000 (AARP in the States, 2014; Nasser, 2008). The cost argument against visitability is also countered by the potentially large sums these features might save by making much more expensive accessibility modifications or renovations unnecessary in the future. According to the Home for Life Task Force (2011), in Hawaii the addition of a wheelchair ramp to an entrance typically costs \$3,000 to \$10,000, the addition of bathtub grab bars for single wall construction costs about \$500, and converting a regular bathroom to an accessible bathroom costs \$8,000 to \$20,000. These costs are out of reach for many homeowners, particularly seniors on fixed incomes, so another legislative initiative should seek additional funding to help cover modifications to make homes more accessible.

In fact, the construction of new homes to be visitable can be done for virtually no additional cost, as demonstrated by the experience of Arizona's Pima County (which has over a million residents),

where the passage of a mandatory visitability ordinance in 2002 led to the construction of more than 21,000 visitable homes over the next eight years. A letter in 2010 from the Pima County Chief Building Official to the US House Financial Services Subcommittee on Housing and Community Opportunity in support of proposed national legislation requiring “inclusive home design” (H.R. 1408) explained that initial concerns about costs, as well as about appearance, were unfounded:

While these requirements were at first resisted by builders based on the fact that they would require costly changes to conventional design and construction practices, it became evident that with appropriate planning, the construction could result in no additional cost. Indeed, the jurisdiction no longer receives builder complaints regarding the ordinance and the ordinance has been so well incorporated into the building safety plan review and inspection processes that there is no additional cost to the County to enforce its requirements. From a real estate perspective, homes built to this standard are deemed more marketable, but even more importantly; the accessible features of these homes remain unnoticed when toured by individuals not seeking accessibility. One of the initial concerns of the ordinance implementation was that it would result in homes appearing institutional in nature. This has not occurred within Pima County (Khawam, 2010; this letter is provided in Appendix H).

One state-level model identified and promoted by the Home for Life Task Force (2011) is that of Vermont, which appears to have the nation’s most comprehensive legislation with regard to types of housing covered and level of visitability required. Vermont mandates six visitability features in all new single family homes, whether built with or without public funds (however, homes built by the owner or for the occupancy of a known owner are exempt). However, visitability mandates are relatively rare and are usually less stringent, such as that of Minnesota which only requires visitability in new housing financed by the state Housing Finance Agency. Rather, most jurisdictions that have adopted visitability only have voluntary programs with incentives such as tax breaks or waivers of various fees, which however rarely leads to a significant increase in visitable housing (Hall, 2015).

If a visitability initiative is to be implemented, it is highly recommended that it aim high and seek to replicate the Vermont model for Hawaii, which means:

- ❖ Mandate visitability rather than making it voluntary, because voluntary programs typically require tax payer funded incentives and fail to substantially increase the stock of visitable housing.
- ❖ Mandate visitability for ALL new housing, not just the relatively small number of units built with government subsidies.
- ❖ Mandate that ALL new housing include the six accessibility features for classification as Type C, which is the lowest of four levels of housing accessibility according to the ICC/ANSI A117.1 Standard on Accessible and Usable Buildings and Facilities (the great majority of jurisdictions with visitability programs only require two or three accessibility features).
- ❖ Seek a State level mandate to avoid having to advocate in each County in a piecemeal manner.

Another important Goal 2 component is to take advantage of windows of opportunity to influence the zoning and building code changes that are forthcoming for TOD neighborhood developments,

Table 43. Five-year Action Plan to Affirmatively Further Fair Housing Choice for People with Disabilities

Action Steps	Timeline	Milestones/Outcomes
GOAL 1: Enhance Public Awareness of Fair Housing		
Continue to publicize and conduct fair housing workshops and seminars	Ongoing	A greater proportion of the population is aware of fair housing issues
Ensure the topics of affordable housing and fair housing choice are fully addressed within the No Wrong Door Network and all ADRCs	Within Year 1	Housing information, resources, applications, and counseling available in one-stop-shops
Publicize and promote the existence of, and assistance available through, the housing “doors” in the No Wrong Door Network	Ongoing	ADRCs are widely known and used as one-stop-shops for housing-related services
GOAL 2: Increase the Availability of Affordable Housing that Is Accessible or Visitable		
Collaborate with relevant organizations to advocate for the addition or upgrading of accessibility requirements in major neighborhood and housing development projects	By end of Year 2	Enhanced accessibility at the housing unit and community levels
Collaborate with relevant organizations to advocate for a visitability requirement for ALL new housing construction (with the exception of ADUs and ohana units)	By end of Year 5	More seniors are able to age-in-place and more people with disabilities have accessible housing
Collaborate with relevant organizations to advocate for ways to incentivize visitability as a valuable feature in ADUs and ohana units	By end of Year 3	More seniors are able to age-in-place and more people with disabilities have accessible housing
Collaborate with relevant organizations to advocate for Increased funding to help lower income homeowners cover costs of modifications and renovations to make their homes more accessible	By end of Year 3	More seniors are able to age-in-place and more people with disabilities have accessible housing
GOAL 3: Enhance Housing Options for People with Severe Mobility and Cognitive Impairments		
Collaborate with relevant organizations to advocate for actions to ensure the paraprofessional caretaking workforce is sufficient to meet growing needs for long-term services and supports (LTSS) and Home and Community-based Services (HCBS)	Ongoing	Seniors and people with severe disabilities have access to in-home and in-facility services
Collaborate with public and private providers of services to people with the most severe disabilities to support their access to appropriate housing	Ongoing	More people with psychiatric disabilities, Alzheimer’s, and ID/DD are well housed

HCDA housing developments, and implementation of the Oahu Islandwide Housing Strategy. The objective is to maximize attention to the needs of people with disabilities for affordable and accessible housing.

IV.3.c. Goal 3: Enhance Housing Options for People with Serious Cognitive Disabilities

The ADRCs hold the promise of addressing many of the service system related recommendations of interviewees by helping to create a more seamless and readily accessed system in which interagency collaboration is promoted and facilitated. Goal 3 is therefore meant to cover other system aspects that can reasonably be addressed to enhance housing options. The two proposed action steps are meant to help reduce the projected severe shortage of paraprofessional providers of care for people with serious cognitive impairments and to promote greater access to appropriate housing for this population which includes many people with psychiatric disabilities, ID/DD, and Alzheimer's.

IV.3.d. Responsibilities for Action Steps

The State and County housing agencies that funded this Analysis of Impediments will take the lead for implementing the Action Steps of Goal 1, and have a supporting role where possible for Goals 2 and 3. These agencies include the HHFDC, City and County of Honolulu's Department of Community Services, State Department of Hawaiian Home Lands, State Department of Human Services (Homeless Programs Office of the Benefits, Employment and Support Services Division), Hawaii Public Housing Authority, Hawaii County's Office of Housing and Community Development, Kauai County's Housing Agency, and Maui County's Department of Housing and Human Concerns.

For Goals 2 and 3, the University of Hawaii Center on Disability Studies has offered to coordinate implementation of the Action Steps in collaboration with the State Council on Developmental Disabilities and the Hawaii Disability Rights Center. As indicated in Table 43, this will involve leveraging or establishing working relationships with a wide range of stakeholders. They will be engaged to collaborate on developing and implementing a strategic plan to achieve Goals 2 and 3.

VII. REFERENCES

Note: All Web links provided for the resources below were checked and found to be operational as of November 14, 2016

AARP. (2012). *2012 AARP survey of Hawaii 50+ residents on long-term care*. Washington, DC: Author.
http://www.aarp.org/content/dam/aarp/research/surveys_statistics/health/2013/2012-AARP-Survey-of-Hawaii-50-Plus-Residents-on-Long-Term-Care-AARP.pdf

AARP in the States. (2014). *Home design state advocacy tool kit*. Washington, DC: Author.
<http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/Inclusive-Home-Design-Advocacy-Toolkit-AARP.pdf>

AARP Public Policy Institute. (2010). *Expanding implementation of universal design and visitability features in the housing stock* (Fact Sheet 167). Washington, DC: Author.
<http://www.aarp.org/content/dam/aarp/livable-communities/act/housing/expanding-implementation-of-universal-design-and-visitability-features-in-the-housing-stock-aarp.pdf>

Abrevanel, Martin D. (2006). *Do we know more now? Trends in public knowledge, support and use of fair housing law* (prepared for US Department of Housing and Urban Development, Office of Policy Development and Research). Washington, DC: Urban Institute.
<https://www.huduser.gov/Publications/pdf/FairHousingSurveyReport.pdf>

Alamo, Chas, & Brian Uhler. (2015). *California's high housing costs: Causes and consequences*. Sacramento, CA: Legislative Analyst's Office.
<http://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf>

Americans with Disabilities Act of 1990, 42 USC. § 12101 et seq. PL 101-336, 104 Stat.
http://library.clerk.house.gov/reference-files/PPL_101_336_AmericansWithDisabilities.pdf

Aranda, Claudia L. (2015). Targeting disability discrimination: Findings and reflections from the national study on housing discrimination against people who are deaf and people who use wheelchairs. *Cityscape: A Journal of Policy Development and Research*, Volume 17, Issue 3, pages 103–121.
<https://www.huduser.gov/portal/periodicals/cityscpe/vol17num3/ch4.pdf>

Artspace. (2016). *Ola Ka `Ilima Artspace Lofts* [brochure].
http://www.artspace.org/sites/default/files/public/downloads/place/hawaii_ov_artspace_2016.2.16.pdf

Assets for Independence Act of 1998, 42 USC §604 Note 99, PL 105–285, 112 Stat.
<https://www.gpo.gov/fdsys/pkg/GPO-CDOC-105sdoc37/pdf/GPO-CDOC-105sdoc37-2-6-5.pdf>

Bazon Center for Mental Health Law. (2011). *Fair housing information sheet # 6: Right to emotional support animals in "no pet" housing*. Washington, DC: Author.
<http://www.bazon.org/LinkClick.aspx?fileticket=mHq8GV0FI4c%3D&tabid>

Berger, Powell. (2015). Kakaako's affordable housing rarely is. *Hawaii Business Magazine*, June [online].
<http://www.hawaiibusiness.com/kakaakos-affordable-housing-rarely-is/>

Bethel, Allison K., F. Willis Caruso, & Michael P. Seng. (2014). *Primer on fair housing law*. Chicago, IL: The John Marshall Law School, Fair Housing Legal Support Center and Clinic.
<http://www.jmls.edu/clinics/fairhousing/pdf/fair-housing-primer.pdf>

Bill 20 (2015), CD1, Ordinance 15-41 amending Land Use Ordinance (Chapter 21, Revised Ordinances of Honolulu 1990)

https://www.honolulu.gov/rep/site/ccld8/Ordinance_15-41_Bill_20_2015_CD1_Relating_to_ADUs.pdf

Blair, Chad. (2016). Would you pay more in taxes to take care of mom? *Honolulu Civil Beat*, January 21 [online].

<http://www.civilbeat.org/2016/01/would-you-pay-more-in-taxes-to-take-care-of-mom/>

Boeing, Geoff. (2016). Honolulu rail transit: International lessons from Barcelona in linking urban form, design, and transportation. *plaNNext (Next Generation Planning)*, Volume 3, Issue 2, pages 28-47.

<https://arxiv.org/ftp/arxiv/papers/1605/1605.00002.pdf>

Bonham, Carl S., Kimberly Burnett, & Andrew Kato. (2010). *Inclusionary zoning: Implications for Oahu's housing market*. Honolulu, HI: University of Hawaii Economic Research Organization.

<http://www.uhero.hawaii.edu/assets/UHEROProjectReport2010-1.pdf>

Bonner, Aisha & Laura Dierenfield. (2011). *Successful aging in Hawaii: A survey of developers, landowners, and other land use stakeholders*. Washington, DC: AARP Research & Strategic Analysis.

<http://assets.aarp.org/rgcenter/il/successful-aging-hawaii-11.pdf>

Burnett, John. (2015). Unmarried couple accuses Haili church of discrimination. *Hawaii Tribune-Herald*, July 14 [online].

<http://hawaiitribune-herald.com/news/local-news/unmarried-couple-accuses-haili-church-discrimination>

Bussewitz, Cathy. (2016). Hawaii opens wait list for Section 8 vouchers after decade. *West Hawaii Today*, August 10 [online].

<http://westhawaiitoday.com/news/state-wire/hawaii-opens-wait-list-section-8-vouchers-after-decade>

Carter, Keala. (2013). *Third briefing paper: A brief profile of Puna's demographics, health conditions and geothermal complaints*. Keaau, HI: Geothermal Public Health Assessment Joint Fact Finding Group.

<http://www.nhch.com/cms/Client%20Files/CHNA%20Hawaii%20County%202016.pdf>

Cassiday, Rick. (2014). *Honolulu rental market: Affordable rental housing study update, 2014*. Honolulu, HI: Department of Community Services, City and County of Honolulu.

<http://dbedt.hawaii.gov/hhfdc/files/2015/02/RENTAL-HOUSING-STUDY-2014-UPDATE-CITY-COUNTY-OF-HONOLULU.pdf>

Center for Inclusive Design and Environmental Access. (2009). *Visitability: An inclusive design approach to accessible housing*. Buffalo, NY: Author.

<http://udeworld.com/visbooklet/visitabilitybooklet.pdf>

Center for Universal Design, North Carolina State University. (2006). *Universal design in housing*. Raleigh, NC: Author.

https://www.ncsu.edu/ncsu/design/cud/pubs_p/docs/UDinHousing.pdf

City and County of Honolulu, Department of Planning and Permitting. (2015a). *What is an accessory dwelling unit? A quick guide to build a second unit on your lot* [online].

<http://ownerbuiltdesign.com/accessory-dwelling-unit-on-oahu/>

City and County of Honolulu, Department of Planning and Permitting. (2015b). *Director's report: Waipahu neighborhood transit-oriented development plan zone change proposal (submitted to the Honolulu Planning Commission)*. Honolulu, HI: Author.

https://www.honolulu.gov/rep/site/dpptod/waipahu_docs/PC_ZC_Submittal.pdf

City and County of Honolulu, Office of Housing. (2015c). *Housing Oahu: Islandwide housing strategy (draft for review and discussion)*. Honolulu, HI: Author.

http://www.honolulu.gov/rep/site/ohou/ohou_docs/Housing_Strategy_Draft_9-8-15.pdf

City and County of Honolulu, Department of Planning and Permitting. (2015d). *TOD Honolulu. Work. Live. Connect*. Honolulu, HI: Author.

https://www.honolulu.gov/rep/site/dpptod/dpptod_docs/TOD_Framework_-_FINAL_NEW_small.pdf

City and County of Honolulu, Department of Budget and Fiscal Services. (2016a). Public Notice: Community Development Block Grant (CDBG), Home Investment Partnerships (HOME), Emergency Solutions Grants (ESG) and Housing Opportunities for Persons with Aids (HOPWA) Programs. *Honolulu Star-Advertiser*, May 21 – June 4 [online].

http://statelegals.staradvertiser.com/content/ads/results_all/0000876680-02#0000876680-02

City and County of Honolulu, Department of Planning and Permitting. (2016b) *Honolulu transit-oriented development: Zoning and related policies* [webpage].

<https://www.honolulu.gov/tod/dpp-tod-implementation/zoning-and-related-policies.html>

Cocke, Sophie. (2014). Report indicates Oahu's illegal vacation rentals outnumber permitted ones. *Civil Beat*, December 24 [online].

<http://www.civilbeat.com/2014/12/report-indicates-illegal-vacation-rentals-far-outnumber-permitted-ones/>

Community Reinvestment Act of 1977, 12 USC § 2901 et seq., PL 95-228, 91 Stat. 1147.

https://fraser.stlouisfed.org/scribd/?title_id=1027&filepath=/docs/historical/congressional/community-reinvestment-1977.pdf

Conrow, Joan, & Jim Witty. Hawaii's war against weed: From boom to busted. *Honolulu Star-Bulletin*, July 22.

<http://archives.starbulletin.com/96/07/22/news/story1.html>

Cooper, Emily, Lauren Knott, Gina Schaak, Lisa Sloane, and Andrew Zovistoski. (2015). *Priced out in 2014: The housing crisis for people with disabilities*. Boston, MA: Technical Assistance Collaborative, Inc., and Consortium for Citizens with Disabilities, Housing Task Force.

<http://www.tacinc.org/knowledge-resources/priced-out-findings/>

Cubanski, Julliette, Giselle Casillas, & Anthony Damico. (2015). *Poverty among seniors: An updated analysis of national and state level poverty rates under the official and supplemental poverty measures* (issue brief, June). Menlo Park, CA: Henry J. Kaiser Family Foundation.

<http://files.kff.org/attachment/issue-brief-poverty-among-seniors-an-updated-analysis-of-national-and-state-level-poverty-rates-under-the-official-and-supplemental-poverty-measures>

Didenko, Eugenia, & Nicole Pankratz. (2007). Substance use: Pathways to homelessness? Or a way of adapting to street life? *Visions: BC's Mental Health and Addictions Journal*, Volume 4, Issue 1, pages 9-10.

<http://www.heretohelp.bc.ca/visions/housing-and-homelessness-vol4/substance-use-pathways-homelessness>

Disability Communication and Access Board. (2015). *Annual report, FY2014-2015*. Honolulu, HI: Author.
<https://health.hawaii.gov/dcab/files/2016/10/DCAB-Annual-Report-FY-2014-2015-Accessible-Version.pdf>

Disability Communication and Access Board. (2016). *Disability Communication and Access Board plan of action, FY2016-2017*. Honolulu, HI: Author.
<https://health.hawaii.gov/dcab/files/2016/07/DCAB-Plan-of-Action-FY-2016-2017.pdf>

Donnay, A. H. (1999). On the recognition of multiple chemical sensitivity in medical literature and government policy. *International Journal of Toxicology*, Volume 18, pages 383–392.
<http://www.mcsrr.org/factsheets/ADrecogn.pdf>

Dyett & Bhatia Urban and Regional Planners. (2015). *Downtown neighborhood transit-oriented development plan*. Honolulu, HI: City and County of Honolulu, Department of Planning and Permitting.
https://www.honolulu.gov/rep/site/dpptod/downtown_docs/Downtown_TOD_Plan_Draft_Final_web.pdf

Executive Office of the State of Hawaii. (2015). *3-year plan to build an Aging and Disability Resource Center (ADRC) network*. Honolulu, HI: Author.
https://drive.google.com/file/d/0B_FNUnc6VCqM0ZUVVR2a3V5XzQ/view

Fair Housing Act of 1968, 42 USC § 3601 et seq., PL 90-284, 82 Stat. 81.
<https://www.justice.gov/crt/fair-housing-act-2>

Fair Housing Amendments Act of 1988, 42 USC § 3601-3619, PL 100-430, 102 Stat. 1619.
<http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter45&edition=prelim>

Fair Housing Act, Hawaii Revised Statutes, Chapter 515, Discrimination In Real Property Transactions
http://www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0515/HRS_0515-.htm

Fergusson, Manjari. (2014). Is Hawaii's military presence pricing local residents out of the housing market? *The Hawaii Independent*, August 14 [online].
<http://hawaiiindependent.net/story/is-hawaiis-military-presence-pricing-local-residents-out-of-the-housing-mar>

Fisher, Gordon M. (1992). The development and history of the poverty thresholds. *Social Security Bulletin*, Volume 55, Issue 4, 3-14.
<https://www.ssa.gov/policy/docs/ssb/v55n4/v55n4p3.pdf>

Florida Department of Children and Families, Office of Substance Abuse and Mental Health (2013). *Recovery residence report, fiscal year 2013-2014 General Appropriations Act*. Tallahassee, FL: Author.
<http://www.dcf.state.fl.us/programs/samh/docs/SoberHomesPR/DCFProvisoRpt-SoberHomes.pdf>

Frank Melville Supportive Housing Investment Act of 2010
<https://www.gpo.gov/fdsys/pkg/BILLS-111s1481enr/pdf/BILLS-111s1481enr.pdf>

Fujii, Noelle. (2016). Is that really a service dog? *Hawaii Business Magazine*, February [online].
<http://www.hawaiibusiness.com/is-that-really-a-service-dog/>

Gallagher, Kathleen. (2016). HART offers alternatives to board as costs mount for Honolulu rail project. *Pacific Business News*, June 10 [online].
<http://www.bizjournals.com/pacific/news/2016/06/08/honolulu-rail-board-offers-alternatives-as-costs.html>

Genworth Financial, Inc. (2016). *2016 cost of care: Annual median costs* [online].
https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/179703_CofC_Annual_060316.pdf

Gill, Lorin E. (2016a). Airbnb survey reveals most Hawaii hosts rent out this type of space. *Pacific Business News*, March 4 [online].
http://www.bizjournals.com/pacific/blog/morning_call/2016/03/airbnb-survey-reveals-most-hawaii-hosts-rent-out.html

Gill, Lorin E. (2016b). Airbnb reveals the total number of its Hawaii listings. *Pacific Business News*, April 12 [online].
<http://www.bizjournals.com/pacific/news/2016/04/12/airbnb-reveals-the-total-number-of-its-hawaii.html>

Goetz, Edward G. (2004). The reality of deconcentration. *NHI Shelterforce Online*, Issue 138, November/December [online].
<http://www.nhi.org/online/issues/138/deconcentration.html>

Gomes, Andrew. (2015). 'Ultra luxury' tower a moneymaker. *Honolulu Star-Advertiser*, May 12 [online].
<http://www.staradvertiser.com/hawaii-news/ultra-luxury-tower-a-moneymaker/>

Hall, Thomas (2015). Inclusive design and elder housing solutions for the future. *NAELA Journal*, Volume 11, Issue 1, pages 61-71.
<https://www.naela.org/NAELADocs/PDF/NAELA%20Journal/NAELAJournalVol11No1Linked.pdf>

Hawaii Appleseed Center for Law & Economic Justice. (2014). *Hawaii's affordable housing crisis: The high cost of our affordable housing shortfall*. Honolulu, HI: Author.
<http://www.hiappleseed.org/sites/default/files/Hi%20Appleseed%20Housing%20Crisis%20Report.pdf>

Hawaii Appleseed Center for Law & Economic Justice. (2016). *The state of poverty in Hawaii: How Hawaii's low-income residents are faring post-recovery*. Honolulu, HI: Author.
[http://hiappleseed.org/sites/default/files/State%20of%20Poverty%20\[FINAL\].pdf](http://hiappleseed.org/sites/default/files/State%20of%20Poverty%20[FINAL].pdf)

Hawaii Civil Rights Commission. (2015). *2014-2015 annual report*. Honolulu, HI: Hawaii Department of Labor and Industrial Relations.
<http://labor.hawaii.gov/hcrc/files/2012/12/2014-2015.pdf>

Hawaii Community Development Authority. (2013). *Executive summary: Kaka'ako Community Development District TOD overlay plan (draft)*. Honolulu, HI: Author.
<http://dbedt.hawaii.gov/hcda/files/2013/05/KCDD-TOD-Overlay-Exec-Summ.pdf>

Hawaii Community Development Authority. (2015). *Let's all be a part of the solution (POTS)*. Honolulu, HI: Author.
<http://dbedt.hawaii.gov/hcda/files/2014/10/POTS-Report-022415.pdf>

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2012). *Population and economic projections for the State of Hawaii to 2040*. Honolulu, HI: Author.
http://files.hawaii.gov/dbedt/economic/data_reports/2040-long-range-forecast/2040-long-range-forecast.pdf

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2015a). *Measuring housing demand in Hawaii, 2015-2025*. Honolulu, HI: Author.

<http://files.hawaii.gov/dbedt/economic/reports/2015-05-housing-demand.pdf>

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2015b). *State of Hawaii data book 2014: A statistical abstract*. Honolulu, HI: Author.

<http://files.hawaii.gov/dbedt/economic/databook/db2014/db2014.pdf>

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2016a). *County population facts for the State of Hawaii*. Honolulu, HI: Author.

http://files.hawaii.gov/dbedt/census/popestimate/2015-county-population-hawaii/County_Pop_Fact_2015_Final.pdf

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2016b). *Hawaii housing facts for July 1, 2015*. Honolulu, HI: Author.

http://files.hawaii.gov/dbedt/census/popestimate/2015_housing_unit/Housing_Facts_2015.pdf

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division. (2016c). *Residential home sales in Hawaii, trends and characteristics: 2008-2015* (2016 revision). Honolulu, HI: Author.

http://files.hawaii.gov/dbedt/economic/data_reports/homesale/Residential_Home_Sales_in_Hawaii_May2016.pdf

Hawaii Department of Business, Economic Development and Tourism, Research and Economic Analysis Division (2016d). *State of Hawaii data book 2015: A statistical abstract*. Honolulu, HI: Author.

<http://files.hawaii.gov/dbedt/economic/databook/db2015/db2015.pdf>

Hawaii Department of Health, Executive Office on Aging. (2013a). *Hawaii 2025: State plan on Alzheimer's disease and related dementias*. Honolulu, HI: Author.

http://www.hawaiiadrc.org/Portals/_AgencySite/HCBS_2.pdf

Hawaii Department of Health, Executive Office on Aging. (2013b). *Profile of successful aging among Hawaii's older adults*. Honolulu, HI: Author.

https://www.hawaiiadrc.org/Portals/_AgencySite/2013Aging.pdf

Hawaii Department of Health, Developmental Disabilities Division. (2015a). *Report to the twenty-eighth legislature, State of Hawaii 2015, pursuant to Section 333F-6(c), Hawaii Revised Statutes, Services for Persons with Developmental Disabilities or Intellectual Disabilities*. Honolulu, HI: Author.

<http://health.hawaii.gov/opppd/files/2015/12/333F-61.pdf>

Hawaii Department of Health, Developmental Disabilities Division. (2015b). *Strategic plan, fiscal years 2015-2017*. Honolulu, HI: Author.

<http://health.hawaii.gov/ddd/files/2015/01/DDD-Strategic-Plan-FY2015-2017.pdf>

Hawaii Department of Health, Behavioral Health Administration. (2016a). *Uniform application to Center for Mental Health Services, Division of State and Community Systems Development for FY2016/2017 for state behavioral health assessment and plan for community mental health services block grant*. Honolulu, HI: Author.

<http://health.hawaii.gov/amhd/files/2016/04/Hawaii-FY2016-2017-Mental-Health-Block-Grant-Application.pdf>

Hawaii Department of Health, Behavioral Health Administration. (2016b). *Uniform application to Center for Substance Abuse Treatment, Division of State and Community Systems Development for FY2016/2017 for state behavioral health assessment and plan for substance abuse prevention and treatment block grant*. Honolulu, HI: Author.

http://health.hawaii.gov/substance-abuse/files/2013/05/2016-17_SABG-Application-Plan.pdf

Hawaii Department of Human Services, Homeless Programs Office. (2015a). *State of Hawaii homeless point-in-time count 2015*. Honolulu, HI: Author.

http://humanservices.hawaii.gov/bessd/files/2015/06/Statewide-2015-PIT-Report-_FINAL1.pdf

Hawaii Department of Human Services, Med-QUEST Division. (2015b). Hawaii QUEST Integration, Section 1115 quarterly report. Honolulu, HI: Author.

<http://www.med-quest.us/PDFs/CMS%20Reports/CMSQuarterlyReport2ndQtrFY15.pdf>

Hawaii Department of Human Services, Homeless Programs Office. (2016). *State of Hawaii homeless point-in-time count January 24, 2016*. Honolulu, HI: Author.

<http://humanservices.hawaii.gov/annual-homeless-persons-point-in-time-count-pit-report/>

Hawaii Housing Finance and Development Corporation. (2013). *State of Hawaii consolidated plan action plan, fourth program year 2013 (July 1, 2013 - June 30, 2014) (concentrating on the Counties of Hawaii, Kauai, and Maui)*. Honolulu, HI: Author.

<https://dbedt.hawaii.gov/hhfdc/files/2013/07/Annual-Action-Plan-PY-2013-2014.pdf>

Hawaii Housing Finance and Development Corporation. (2015a). *State of Hawaii affordable housing inventory*. Honolulu, HI: Author.

<http://dbedt.hawaii.gov/hhfdc/files/2015/11/Affordable-Housing-Inventory-August-2015.pdf>

Hawaii Housing Finance and Development Corporation. (2015b). *State of Hawaii consolidated action plan for program years 2015 through 2019 and annual action plan for program year 2015*. Honolulu, HI: Author.

<http://dbedt.hawaii.gov/hhfdc/files/2015/07/CONSOLIDATED-PLAN-PY-2015-2019.pdf>

Hawaii Housing Finance and Development Corporation. (2016b). *Consolidated plan informational packet for program year 2016 (July 1, 2016 – June 30, 2017)*. Honolulu, HI: Author.

<http://dbedt.hawaii.gov/hhfdc/files/2015/09/INFO-PACKET-2016-17.pdf>

Hawaii Long-Term Care Commission. (2012). *Long-term care reform in Hawaii: Report of the Hawaii Long-Term Care Commission*. Honolulu, HI.

http://lrhbhawaii.info/reports/leggrpts/lccc/act224_4_slh08_final.pdf

Hawaii News Now. (2012). Hawaii's growing number of homeless seniors. *Hawaii News Now* [KGMB and KHNL TV stations] [online].

<http://www.hawaiinewsnow.com/story/19162022/hawaiis-growing-number-of-homeless-seniors>

Hawaii Public Housing Authority. (2016a). *Admissions and continued occupancy policy*. Honolulu, HI: Author.

<http://www.hpha.hawaii.gov/referenceinformation/acop.html>

Hawaii Public Housing Authority. (2016b). *Annual and five-year plan, fiscal year 2016*. Honolulu, HI: Author.

http://www.hpha.hawaii.gov/housingplans/2016-2017_PHA_Plan/Documents/HPHA%20Annual%20Plan.pdf

Hawaii Renovation. (2016). How ADUs help loved ones age well [sponsored content]. *Honolulu Star-Advertiser*, July 10.

<http://hawaii renovation.staradvertiser.com/2016/07/remodel/bia/adus-help-loved-ones-age-well/>

Hawaii Reporter. (2011). Over a hundred residents return to renovated homes at state's largest public housing project. *Hawaii Reporter*, October 7 [online].

<http://www.hawaii reporter.com/over-a-hundred-residents-return-to-renovated-homes-at-state%E2%80%99s-largest-public-housing-project>

Hawaii Revised Statutes §46-4 County zoning (2013)

<http://law.justia.com/codes/hawaii/2013/title-6/chapter-46/section-46-4>

Hawaii Workforce Development Council. (2011). *Hawaii's healthcare workforce 20/20 plan & report: Addendum to the comprehensive state plan for workforce development 2009-2014*. Honolulu, HI: Author.

<https://labor.hawaii.gov/wdc/files/2013/01/Healthcare2020Report.pdf>

HCBS Strategies, Inc. (2011). *Hawaii systems change initiative: Five-year plan for implementing: Aging and Disability Resource Center (ADRC), Community Living Program (CLP), and Person-centered Hospital Discharge Planning (HDP) Initiatives*. Baltimore, MD: Author.

https://www.hawaiiadrc.org/Portals/_AgencySite/HI%20ADRC%205-Year%20Operational%20Plan%20-03-15-11.pdf

Healthcare Association of Hawaii. (2015). *Hawaii County community health needs assessment*. Honolulu, HI: Author.

<http://www.nhch.com/cms/Client%20Files/CHNA%20Hawaii%20County%202016.pdf>

Hofschneider, Anita. (2016) Hawaii just doesn't have enough public housing for the disabled. *Civil Beat*, September 12 [online].

<http://www.civilbeat.org/2016/09/hawaii-just-doesnt-have-enough-public-housing-for-the-disabled/>

Hollier, Dennis. (2015). KABOOMERS! 10 ways our aging baby boomer population will transform Hawaii. *Hawaii Business Magazine*, June.

<http://www.hawaiibusiness.com/kaboomers/>

Hollier, Dennis. (2016a). Why it's so hard to build affordable housing, in one chart. *Hawaii Business Magazine*, April [online].

http://www.hawaiibusiness.com/wordpress/wp-content/uploads/HB-04-16-Affordable-Housing_CHART.pdf

Hollier, Dennis. (2016b). Yes, we can solve Hawaii's housing crisis. *Hawaii Business Magazine*, April [online].

<http://www.hawaiibusiness.com/yes-we-can-solve-hawaiis-housing-crisis/>

Home for Life Task Force. (2011). *Interim report to the Twenty Sixth Legislature, State of Hawaii, pursuant to SCR 7, SO 1*. Honolulu, HI: Author.

http://lrbhawaii.info/reports/legrpts/legis/2012/scr7_sd1_09.pdf

Home Investment Partnership Act of 1990, 42 USC §12721 et seq., PL 101–625, 104 Stat.

<http://uscode.house.gov/statutes/pl/101/625.pdf>

Honolulu Star-Advertiser Editorial Board. (2016). Consider waiving ADU fees to boost affordable housing. *Honolulu Star-Advertiser*, March 29 [online].

<http://www.staradvertiser.com/editorial/consider-waiving-adu-fees-to-boost-affordable-housing/>

Honoré, Marcel. (2016). Handi-Van service goes downhill. *Honolulu Star-advertiser*, March 8 [online].

<http://www.staradvertiser.com/hawaii-news/handi-van-service-goes-downhill/>

Housing and Community Development Act of 1977, 42 USC § 5301, PL 95-128, 91 Stat. 1111.

<https://www.gpo.gov/fdsys/pkg/STATUTE-91/pdf/STATUTE-91-Pg1111.pdf>

Housing Assistance Council. (2011). *USDA rural rental housing loans (Section 515)*. Washington, DC: Author.

<http://ruralhome.org/storage/documents/rd515rental.pdf>

Howard Hughes Corporation. (2016). The Howard Hughes Corporation generates strong sales demand for the launch of Ke Kilohana at Ward Village in Honolulu, Hawaii [press release]. *Business Wire*, April 25.

<http://www.businesswire.com/news/home/20160425005444/en/>

International Code Council. (2010). *Standard for accessible and usable buildings and facilities* (ICC A117.1-2009). Washington, DC: Author.

<https://law.resource.org/pub/us/code/ibr/ansi.a117.1.2009.pdf>

Johnson, Kirsten. (2015). Landlord summit encourages renting to low-income tenants. *West Hawaii Today*, February 15 [online].

<http://westhawaiitoday.com/news/local-news/landlord-summit-encourages-renting-low-income-tenants>

Kamehameha Schools. (2014). *Ka Huaka'i: 2014 Native Hawaiian educational assessment*. Honolulu, HI: Kamehameha Publishing.

http://www.ksbe.edu/assets/spi/pdfs/kh/Ka_Huakai_2014.pdf

Kboudi, Caryn. (2014). *The Howard Hughes Corporation establishes the Ward Village Foundation* [press release of The Howard Hughes Corporation].

<http://www.wardvillage.com/editorials/the-howard-hughes-corporation-establishes-the-ward-village-foundation>

Khawam, Yves. (2010). *Letter to US House Financial Services Subcommittee on Housing and Community Opportunity in support of proposed Inclusive Home Design legislation (H.R. 1408), September 29*. Tucson, AZ: Pima County Development Services.

http://www.concretechange.org/wp-content/uploads/2011/10/Pima_Co_IHDA_Support_Ltr_9-10.pdf

Kiernan, John S. (2016). 2016's property taxes by state. *WalletHub* [online].

<https://wallethub.com/edu/states-with-the-highest-and-lowest-property-taxes/11585/#main-findings>

Kim, KiDeuk, Miriam Becker-Cohen, & Maria Serakos (2015). *The processing and treatment of mentally ill persons in the criminal justice system: a scan of practice and background analysis*. Washington, DC: Urban Institute.

<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>

Klein, Jay. (2000). The history and development of a national homeownership initiative. *Journal of Vocational Rehabilitation*, Volume 14, pages 59–66.

Kloninger & Sims Consulting. (2016). *2015 visitor plant inventory*. Honolulu, HI: Hawaii Tourism Authority.

www.hawaiitourismauthority.org/research

Mace, Ronald L. (1988). *Universal design: Housing for the lifespan of all people*. Rockville, Md.: US Department of Housing and Urban Development.

<https://mn.gov/mnddc/parallels2/pdf/80s/88/88-HFL-UDS.pdf>

Maisel, Jordana L., Eleanor Smith, & Edward Steinfeld. (2008). *Increasing home access: Designing for visitability*. Washington, DC: AARP Public Policy Institute.

<http://www.udeworld.com/documents/visitability/pdfs/IncreasingHomeAccess.pdf>

Maisel, Jordana L., & Molly Ranahan. (2014). Visitability resource page of the National Institute of Building Sciences' Whole Building Design Guide website.

<https://www.wbdg.org/resources/visitability.php?r=accessible>

Mendoza, Jim. (2015). Woman's rental search meets Section 8 stigma. *Hawaii News Now* [KGMB and KHNL TV stations], April 10 [online].

<http://www.hawaiinewsnow.com/story/28776463/womans-rental-search-meets-section-8-stigma>

Minami, Jason. (2004). The State of Hawaii developmental disability system: Advocates, obstacles, and the implementation of consumer-directed services. *Public Health Law & Policy Journal*, Volume 1 [online journal].

http://www.hawaii.edu/phlo/phlpj/v1/pdf_files/v1-05-Minami.pdf

Montana Department of Commerce, Housing Division. (2013). *Montana HOME Investment Partnerships Program fiscal year 2013, competitive application guidelines*. Helena, MT: Author.

<https://comdev.mt.gov/Portals/95/shared/HOME/docs/ApplicationGuidelines/PDFs/HM13AppGuidelinesFinal.pdf>

Moriki, Darin. (2015). Hawaii tops nation in average home listing price, nationwide Coldwell Banker report finds. *Pacific Business News*, November 10 [online].

<http://www.bizjournals.com/pacific/news/2015/11/10/hawaii-tops-nation-in-average-home-listing-price.html>

Murakami, Kery. (2013). Living Hawaii: Why is the price of paradise so high? *Civil Beat*, September 4.

<http://www.civilbeat.com/2013/09/19815-living-hawaii-why-is-the-price-of-paradise-so-high/>

Napier, A. Kim. (2016). Ward Village launches sales for Ke Kilohana. *Pacific Business News*, March 25 [online].

http://www.bizjournals.com/pacific/blog/morning_call/2016/03/ward-village-launches-sales-for-ke-kilohana.html

Nash, James. (2014). Screaming inmates make L.A. rethink jailing mentally ill. *Bloomberg*, September 25 [online].

<http://www.bloomberg.com/news/articles/2014-09-26/screaming-inmates-make-l-a-rethink-jailing-mentally-ill>

Nasser, Haya El. (2008). New homes focus on senior-friendly features. *USA Today*, September 10 [online].

http://usatoday30.usatoday.com/money/economy/housing/2008-09-09-housing_N.htm

- National Alliance to End Homelessness. (2015). *The state of homelessness in America 2015*. Washington, DC: Author.
http://www.endhomelessness.org/page/-/files/State_of_Homelessness_2015_FINAL_online.pdf
- National Association of State Budget Officers. (2015). *State expenditure report: 2013-2015*. Washington, DC: Author.
<https://www.nasbo.org/mainsite/reports-data/state-expenditure-report>
- National Coalition for the Homeless. (2009a). *Mental illness and homelessness* (issue brief). Washington, DC: Author.
http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf
- National Coalition for the Homeless. (2009b). *Substance abuse and homelessness* (issue brief). Washington, DC: Author.
<http://www.nationalhomeless.org/factsheets/addiction.html>
- National Council on Disability. (2010). *The state of housing in America in the 21st century: A disability perspective*. Washington, DC: Author.
www.ncd.gov/publications/2010/Jan192010
- National Fair Housing Alliance. (2015). *2015 fair housing trends report: Where you live matters*. Washington, DC: Author.
<http://www.nationalfairhousing.org/Portals/33/2015-04-30%20NFHA%20Trends%20Report%202015.pdf>
- National Low Income Housing Coalition. (2015). *Housing out of reach 2015*. Washington, DC: Author.
nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf
- National Low Income Housing Coalition. (2016). *The affordable housing gap analysis 2016*. Washington, DC: Author.
nlihc.org/research/gap-report
- Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.)
<http://dhhl.hawaii.gov/wp-content/uploads/2011/05/nahasdact.pdf>
- Neimark, Jill. (2013). Extreme chemical sensitivity makes sufferers allergic to life. *Discover Magazine*, November [online].
<http://discovermagazine.com/2013/nov/13-allergic-life>
- Nelson, Brittne M. & Eowna Young Harrison. (2014). *Livability for all: The 2014 AARP livable communities survey of Honolulu, Hawaii adults age 45+*. Washington, DC: AARP Research.
http://www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2014/Livability-For-All-The-2014-Livable-Communities-Survey-of-Honolulu-Hawaii-Adults-Age-45-Plus-AARP-res-il.pdf
- Nitz, Lawrence H., & Kryssia Mossakowski. (2014). *The feasibility of a long-term services and supports social insurance program for Hawaii* (report to the Hawaii State Legislature). Honolulu, HI: Hawaii Department of Health, Executive Office on Aging.
https://www.hawaiiadrc.org/Portals/_AgencySite/LTSS/LTSS_2.pdf
- Nordyke, Eleanor C. (1989). *The peopling of Hawaii*. Honolulu, HI: University of Hawaii Press.

O’Keeffe, Janet, & Joshua M. Wiener. (2011). *An overview of long-term care in Hawaii: Final report* (prepared for the Hawaii Long-Term Care Commission). Washington, DC: RTI International.

http://www.publicpolicycenter.hawaii.edu/projects-programs/_long-term-care/RTI_Overview_of_LTC_System-FINAL.pdf

Olick, Diana. (2016). Under one roof: Multigenerational housing big for builders. *CNBC Realty Check*, February 8 [online].

<http://www.cnb.com/2016/02/08/under-one-roof-multigenerational-housing-big-for-builders.html>

Olmstead v. L.C., 119 S. Ct. 2176 (1999).

<https://www.law.cornell.edu/supct/html/98-536.ZS.html>

Ordinance 15-41 [Bill 20 (2015). CD1] - To amend Chapter 21, Revised Ordinances of Honolulu 1990, as amended (The Land Use Ordinance), relating to accessory dwelling units.

https://www.honolulu.gov/rep/site/ccld8/Ordinance_15-41_Bill_20_2015_CD1_Relating_to_ADUs.pdf

Ordinance 16-19 [Bill 27 (2016), CD2] - To amend Chapter 14, Chapter 18, and Chapter 22, Revised Ordinances of Honolulu 1990, as amended, relating to incentives for accessory dwelling units production.

<http://www4.honolulu.gov/docushare/dsweb/Get/Document-186537/ORD16-019.pdf>

Pape, Eric. (2015a). Living Hawaii: Boost property taxes on out-of-state owners to ease housing costs. *Civil Beat*, June 9 [online].

<http://www.civilbeat.com/2015/06/living-hawaii-boost-property-taxes-on-out-of-state-owners-to-ease-housing-costs/>

Pape, Eric. (2015b). Living Hawaii: How military policies drive up rents on Oahu. *Civil Beat*, June 17 [online].

<http://www.civilbeat.com/2015/06/living-hawaii-how-military-policies-drive-up-rents-on-oahu/>

Pietsch, James H., & Lenora H. Lee. (2014). *Deciding what’s next and who in the world cares? A legal handbook for Hawaii’s older persons, families and caregivers*. Honolulu, HI: University of Hawaii Elder Law Program, William S. Richardson School of Law.

https://www.elderlyaffairs.com/Portals/_AgencySite/docs/UHELP%20DWN%202014.pdf

Pratt, Sara K. (2011). *Memo on new ADA regulations and assistance animals as reasonable accommodations under the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973*. Washington, DC: US Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity.

http://www.silverstatefairhousing.org/Resources/Pratt_Service%20Animal.pdf

Pratt, Sara, Michael Allen, & Bonnie Milstein. (2001). *Reconstructing fair housing* (report submitted to the President of the United States, the President Pro Tempore of the US Senate and the Speaker of the U.S. House of Representatives). Washington, DC: National Council on Disability.

http://www.ncd.gov/rawmedia_repository/c8b3f693_4dbb_482d_92c7_b16d37858b4c.pdf

Prichard, James. (2016). Hawaii has nation's highest mortgage closing costs, report says. *Pacific Business News*, August 9 [online].

<http://www.bizjournals.com/pacific/news/2016/08/09/hawaii-has-nations-highest-mortgage-closing-costs.html>

Reinhard, Susan C., Enid Kassner, Ari Houser, Kathleen Ujvari, Robert Mollica, & Leslie Hendrickson. (2014). *A state scorecard on long-term services and supports for older adults, people with physical disabilities, and family caregivers* (2nd edition). Washington, DC: AARP Public Policy Institute.
http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2014/raising-expectations-2014-AARP-ppi-ltc.pdf

Rothwell, Jonathan T., & Douglas S. Massey. (2010). Density zoning and class segregation in U.S. metropolitan areas. *Social Science Quarterly*, Volume 91, Issue 5, pages 1123–1143.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3632084/>

Sakahara, Tim. (2014). Kaneohe neighbors concerned over halfway house with 18 residents. *Hawaii News Now* [KGMB and KHNL TV stations], May 27 [online].
<http://www.hawaiinewsnow.com/story/25625418/kaneohe-neighbors-concerned-over-halfway-house-with-18-residents>

Schaefer, Allison. (2014). Growing population of aged and sick among most vulnerable of homeless. *Honolulu Star-Advertiser*, September 8 [online].
<http://www.staradvertiser.com/hawaii-news/growing-population-of-aged-and-sick-among-most-vulnerable-of-homeless/>

Schill, Michael H., & Samantha Friedman. (1999). The Fair Housing Amendments Act of 1988: The first decade. *Cityscape: A Journal of Policy Development and Research*, Volume 4, Issue 3.
<https://www.huduser.gov/periodicals/cityscpe/vol4num3/schill.pdf>

Section 504 of the Rehabilitation Act of 1973, as amended 29 USC § 794.
<https://www.gpo.gov/fdsys/pkg/STATUTE-87/pdf/STATUTE-87-Pg355.pdf>

Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended by Workforce Investment Act of 1998
<https://www.section508.gov/section-508-of-the-rehabilitation-act>

Shimogawa, Duane. (2015a). Hawaii agency approves Howard Hughes' Kakaako residential project. *Pacific Business News*, July 22 [online].
<http://www.bizjournals.com/pacific/news/2015/07/22/hawaii-agency-approves-howard-hughes-kakaako.html>

Shimogawa, Duane. (2015b). New York's Bronx Pro Group chosen to develop Honolulu low-income rental project. *Pacific Business News*, June 3 [online].
<http://www.bizjournals.com/pacific/news/2015/06/03/new-yorks-bronx-pro-group-chosen-to-develop.html>

Shimogawa, Duane. (2016). Hoopili hits the gas. *Pacific Business News*, March 11 [online].
<http://www.bizjournals.com/pacific/print-edition/2016/03/11/hoopili-hits-the-gas.html>

SMS Research and Marketing Services, Inc. (2003). *State of Hawaii analysis of impediments final report* (prepared for the Housing and Community Development Corporation of Hawaii and the County housing agencies). Honolulu, HI: Author.
<http://hpha.hawaii.gov/documents/03-state-ai.pdf>

SMS Research and Marketing Services, Inc. (2010). *State of Hawaii analysis of impediments to fair housing 2010* (prepared for the Hawaii Public Housing Authority). Honolulu, HI: Author.
<http://files.hawaii.gov/dbedt/hhfdc/resources/2010FHA.pdf>

SMS Research and Marketing Services, Inc. (2011a). *Hawaii housing planning study, 2011* (prepared for Hawaii Housing Finance and Development Corporation). Honolulu, HI: Author.

<http://files.hawaii.gov/dbedt/hhfdc/resources/HHPS2011%20study.pdf>

SMS Research and Marketing Services, Inc. (2011b). *Hawaii housing planning study, 2011: Inventory report* (prepared for Hawaii Housing Finance and Development Corporation, Department of Hawaiian Homelands, and Department of Human Services). Honolulu, HI: Author.

<http://files.hawaii.gov/dbedt/hhfdc/resources/HHPS%20rental.pdf>

SMS Research and Marketing Services, Inc. (2014). *Individually advertised units in Hawaii (vacation rentals)* (prepared for Hawaii Tourism Authority). Honolulu, HI: Author.

<http://www.hawaiitourismauthority.org/default/assets/File/research/accommodations%20studies/Individually%20Advertised%20Units%20in%20Hawaii%20%28Vacation%20Rentals%29.pdf>

Steinfeld, Edward, & Jonathan White. (2010). *Inclusive housing: A Pattern Book: Design for diversity and equality*. New York, NY: W. W. Norton.

Tani, Carlyn. (2015). Yes, you can become an affordable housing developer. *Hawaii Business Magazine*, January [online].

<http://www.hawaiibusiness.com/yes-you-can-become-an-affordable-housing-developer/>

The Auditor, State of Hawaii. (2016). *Hawaii Public Housing Authority financial statements, June 30, 2014, together with independent auditor's report*. Honolulu, HI: Author.

www.hpha.hawaii.gov/documents/HPHA%20SA%202014%20FS_Final.pdf

Treatment Advocacy Center. (2016). *Prevalence of untreated serious mental illness by state (2015)* [online].

<http://www.treatmentadvocacycenter.org/storage/documents/smi-prevalence-chart.pdf>

Uhler, Brian. (2016). *Perspectives on helping low-income Californians afford housing*. Sacramento, CA: Legislative Analyst's Office.

<http://www.lao.ca.gov/Publications/Report/3345>

University of Hawaii Center on Aging. (2015). *Making Honolulu an age-friendly city: An action plan*. Honolulu, HI: Author.

https://www.honolulu.gov/rep/site/dts/dts_docs/Honolulu_Age-Friendly_City_Action_Plan_2015.pdf

University of Hawaii Center on Disability Studies. (2008). *Hawaii Going Home Plus operational protocol*. Honolulu, HI: Author.

<http://www.cds.hawaii.edu/goinghome/operational-protocol/>

University of Hawaii Center on Disability Studies. (2013). *Final report of Hawaii results for the National Core Indicator Survey, 2012-2013*. Honolulu, HI: Author.

Urban Design Associates. (2000). *Strategies for providing accessibility and visitability for HOPE VI and mixed finance homeownership*. Washington, DC: US Department of Housing and Urban Development, Offices of Public Housing Investments and Public and Indian Housing.

<https://www.huduser.gov/portal/Publications/pdf/strategies.pdf>

US Census Bureau (2010). *Census 2010, Summary File 2*. Washington, DC: Author.

http://www2.census.gov/census_2010/05-Summary_File_2/Hawaii/

US Census Bureau (2012). *Hawaii: 2010 population and housing unit counts*. Washington, DC: Author.
<https://www.census.gov/prod/cen2010/cph-2-13.pdf>

US Department of Housing and Urban Development. (1992). *Memorandum on multiple chemical sensitivity disorder and environmental illness as handicaps*. Washington, DC: Author.
<http://www.fairhousing.com/include/media/pdf/mcsd.pdf>

US Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity. (1996). *Fair housing planning guide, Volume 1*. Washington, DC: Author.
<http://www.hud.gov/offices/fheo/images/fhpg.pdf>

US Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity. (1998). *Fair Housing Act design manual: A manual to assist designers and builders in meeting the accessibility requirements of the Fair Housing Act*. Washington, DC: Author.
<https://www.huduser.gov/publications/pdf/fairhousing/fairintro.pdf>

US Department of Housing and Urban Development, Office of Public and Indian Housing. (2006). *Notice PIH 2006-13 (HA): Non-Discrimination and accessibility for persons with disabilities*. Washington, DC: Author.
https://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11829.doc

US Department of Housing and Urban Development, Office of Policy Development and Research. (2007). *Fair market rents for the Section 8 Housing Assistance Payments Program*. Washington, DC: Author.
https://www.huduser.gov/portal/datasets/fmr/fmrover_071707R2.doc

US Department of Housing and Urban Development, Office of Housing. (2010). *Multifamily inventory of units for the elderly and persons with disabilities in Hawaii*. Washington, DC: Author.
http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_13058.pdf

US Department of Housing and Urban Development, Office of Public and Indian Housing. (2011). *Notice PIH-2011: Promotion of Integrated Pest Management (IPM) as an environmentally-sound, economical and effective means to address a major resident concern*. Washington, DC: Author.
<http://stoppests.typepad.com/files/pih2011-22-2.pdf>

US Department of Housing and Urban Development. (2013a). Aging in place: Facilitating choice and independence. *Evidence Matters: Transforming Knowledge into Housing and Community Development Policy*, Fall, pages 1-13.
<https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>

US Department of Housing and Urban Development. (2013b). Implementation of the Fair Housing Act's discriminatory effects standard; final rule. *Federal Register*, Volume 78, Issue 32, pages 11460-11482.
<http://portal.hud.gov/hudportal/documents/huddoc?id=discriminatoryeffectrule.pdf>

US Department of Housing and Urban Development. (2013c). *Olmstead: Statement of the Department of Housing and Urban Development on the role of housing in accomplishing the goals of Olmstead 2013*. Washington, DC: Author.
<http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc060413.pdf>

US Department of Housing and Urban Development. (2015a). Final fair market rents for the Housing Choice Voucher program and Moderate Rehabilitation Single Room Occupancy program and other programs fiscal year 2016; notice. *Federal Register*, Volume 80, Issue 173, pages 53817-53886.
<https://www.gpo.gov/fdsys/pkg/FR-2015-09-08/pdf/2015-22023.pdf>

US Department of Housing and Urban Development. (2015b). *Hawaii healthcare and housing (H2) systems integration initiative*. Washington, DC: Author.

<https://www.hudexchange.info/onecpd/assets/File/HI-H2-Current-Housing-Assistance-Resources.pdf>

US Department of Housing and Urban Development. (2015c). *HUD announces fair housing charge and settlement with landlords in Nevada and Hawaii* (press release, May 8). Washington, DC: Author.

http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-054

US Department of Housing and Urban Development. (2015d). *Native Hawaiian Housing Block Grants: 2016 summary statement and initiatives*. Washington, DC: Author.

https://portal.hud.gov/hudportal/documents/huddoc?id=13-Nat.Haw.HSNG_BLK_Grants.pdf

US Department of Housing and Urban Development. (2016). *Native Hawaiian Housing Block Grants: 2017 summary statement and initiatives*. Washington, DC: Author.

https://portal.hud.gov/hudportal/documents/huddoc?id=13-Nat.Haw.HSNG_BLK_Grants.pdf

US Department of Housing and Urban Development and US Department of Justice. (2008). *Joint statement on reasonable modifications under the Fair Housing Act*. Washington, DC: Author.

http://www.hud.gov/offices/fheo/disabilities/reasonable_modifications_mar08.pdf

US Department of Housing and Urban Development and US Department of Justice. (2013). *Accessibility (design and construction) requirements for covered multifamily dwellings under the Fair Housing Act*. Washington, DC: Author.

https://www.ada.gov/doj_hud_statement.pdf

US Department of Justice, Civil Rights Division, Disability Rights Section. (2011). *ADA 2010 revised requirements: Service animals*. Washington, DC: Author.

http://www.ada.gov/service_animals_2010.pdf

US Department of Justice, Civil Rights Division, Disability Rights Section. (2014). *ADA requirements: Effective communication*. Washington, DC: Author.

<http://www.ada.gov/effective-comm.pdf>

US Department of Justice & US Department of Housing and Urban Development. (1999, updated 2015). *Joint statement on group homes, local land use, and the Fair Housing Act*. Washington, DC: Author.

<https://www.justice.gov/crt/joint-statement-department-justice-and-department-housing-and-urban-development-1>

US Government Accountability Office. (2016). *Housing for special needs: Funding for HUD's supportive housing programs* (report to Congressional committees). Washington, DC: Author.

<http://www.gao.gov/assets/680/677564.pdf>

US Green Building Council. (2016). *Neighborhood development guide: The case for green neighborhood developments*. Washington, DC: Author.

<http://www.usgbc.org/guide/nd>

US Social Security Administration, Office of Retirement and Disability Policy. (2016). *2016 red book: A summary guide to employment supports for persons with disabilities under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs*. Baltimore, MD: Author.

<https://www.ssa.gov/redbook/documents/TheRedBook2016.pdf>

US Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health barometer: United States, 2015* (HHS Publication No. SMA-16-Baro-2015). Rockville, MD: Author.

http://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf

Van Meter Williams Pollack. (2014). *Waipahu neighborhood TOD plan*. Honolulu, HI: City and County of Honolulu, Department of Planning and Permitting.

https://www.honolulu.gov/rep/site/dpptomd/waipahu_docs/Reso_14-47_Combined_Exhibit_Reso.pdf

Wallace, Don. (2016). Squeezed. *Honolulu Magazine*, Volume L, Number 11 (May), pages 48-58.

Webster, Dawn M. (2015). Meeting the needs of the coming silver tsunami. *Honolulu Civil Beat*, April 7 [online].

<http://www.civilbeat.org/2015/04/meeting-the-needs-of-the-coming-silver-tsunami/>

Welch, Aaron, Kaid Benfield, & Matt Raimi. (2011). *A citizen's guide to LEED for Neighborhood Development: How to tell if development is smart and green*. New York, NY: National Resources Defense Council. https://www.nrdc.org/sites/default/files/citizens_guide_LEED-ND.pdf

WRNS Studio Hawaii. (2014). *Kuhio Park neighborhood charrette report* (version 02, July 23, 2014). Honolulu, HI: Author.

http://www.hpha.hawaii.gov/cni/docs/Kuhio-072914/Kuhio_ForPrint.pdf

Yuan, Sarah, Hong Vo, Kristen Gleason, & Javzandulam Azuma. (2016). *Homeless service utilization report: Hawaii 2015*. Honolulu, HI: University of Hawaii Center on the Family.

<http://uhfamily.hawaii.edu/publications/brochures/HomelessServiceUtilization2015.pdf>